

Name
in
Full

CERTIFICATE OF DEATH

Thos. Bracher
near Headerson Caroline

MARYLAND

Town County

Died at

Date
of death

Month

Day

Years

Months

Days

1909

7

12

Age 49

Sex

Male

Color or
Race

Black

Birth
place

Caroline

TO BE ANSWERED BY
NEAREST FRIEND

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide



CAUSES OF DEATH

27

How long

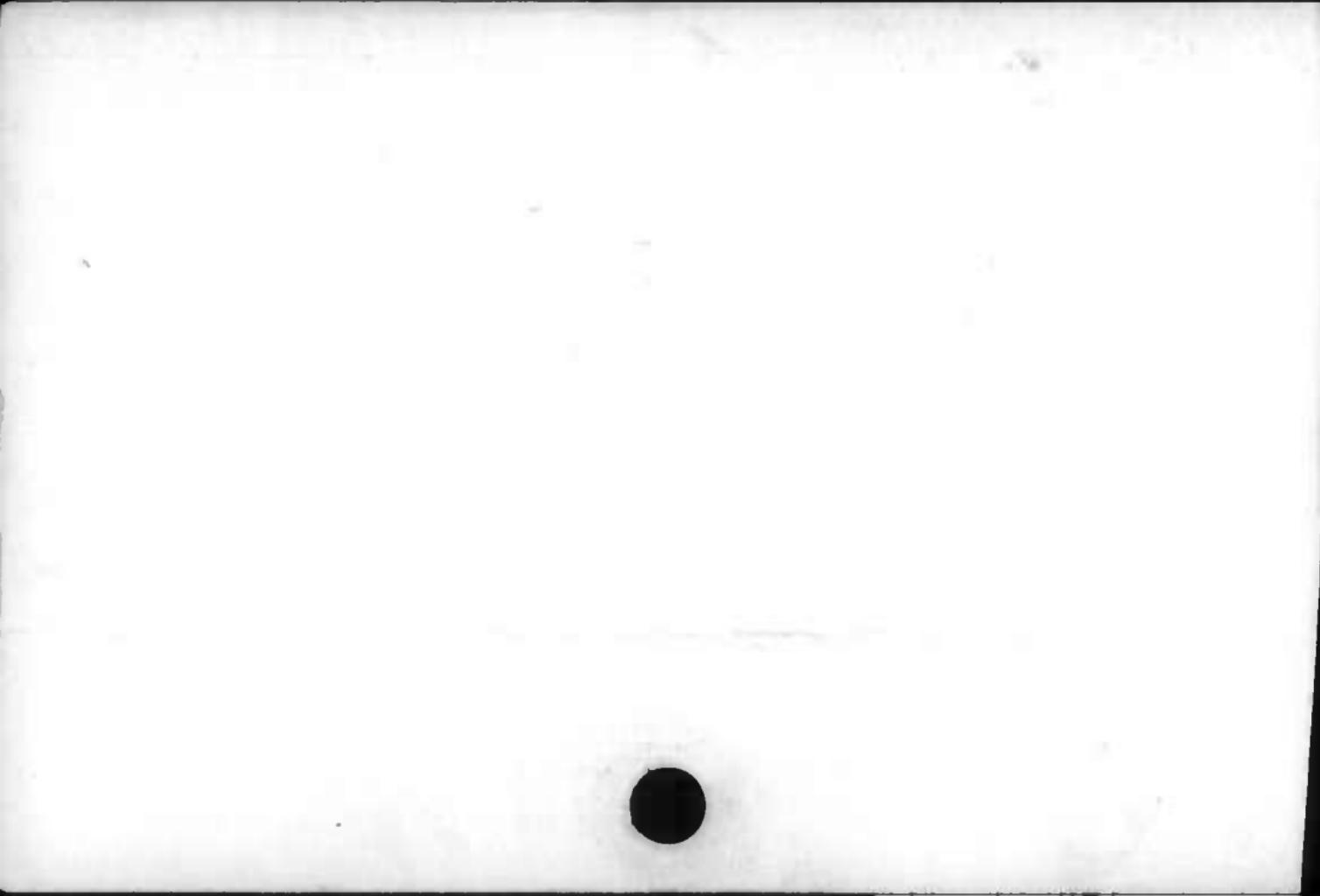
How long

Tuberculosis (Pulmonary) X Mrs.

Signature of
Physician

Address

J. Henry Goldsborough MD



Name
in
Full

Samuel Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Federalsburg			County	Caroline		MARYLAND
Died at	Month	Day	Age	Years	Months	Days	
Date of death 190	9 July	13	8				
Sex	Male	Color or Race	Black.	Birth-place	Federalsburg		
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Irvin Cannon			Father's Birthplace	Caroline Co		
Mother's Maiden Name	Annie Turner.			Mother's Birthplace	Caroline Co		
Name of person giving Information	Annie Cannon			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Bright's Disease

119

X

Immediate

How long

80 days

Are the name, age, sex, color, date
and place correctly given above?

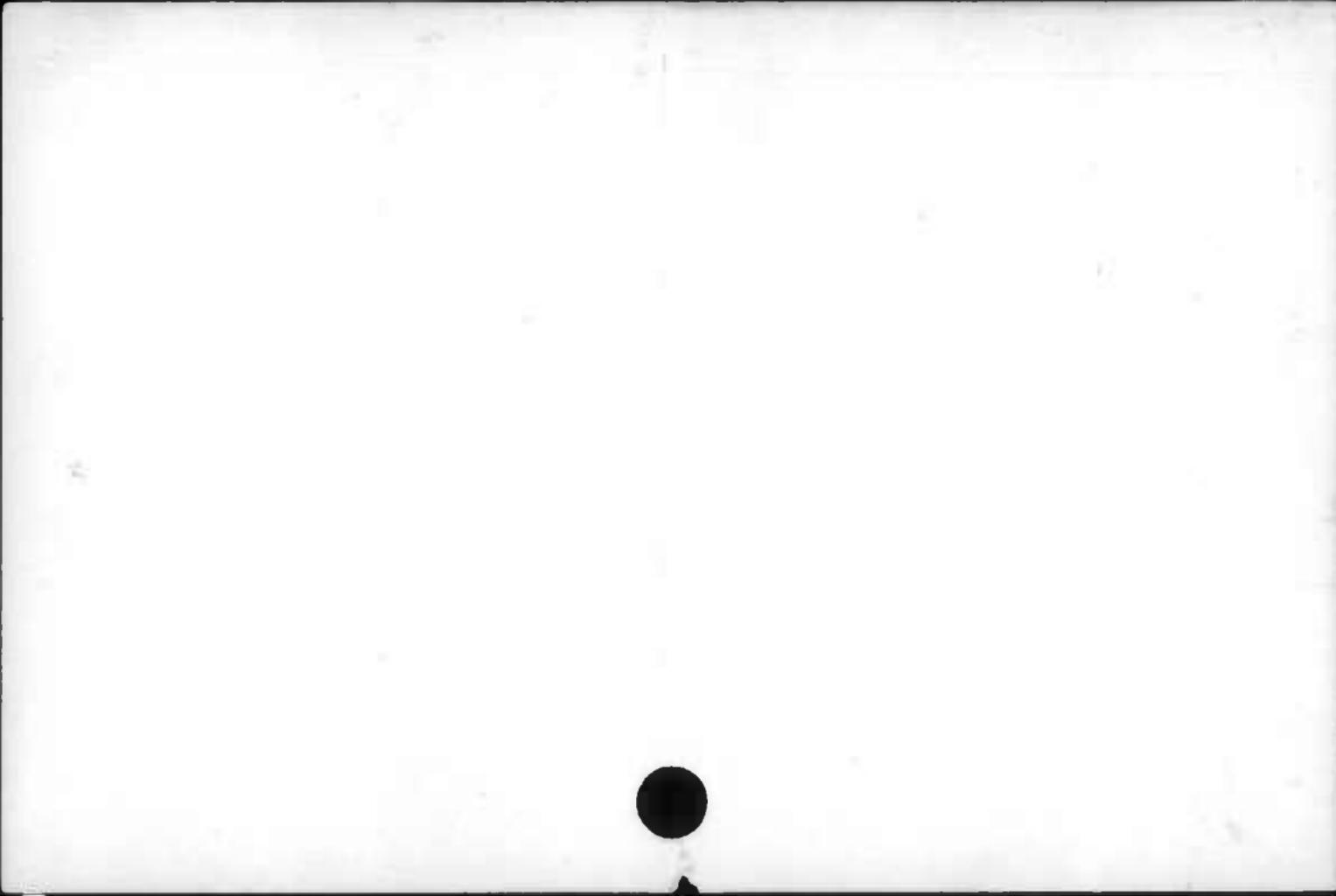
Yes

Signature of
Physician

Address

F. J. Brooks
Federalsburg
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Maryquita Bassell

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Year

Month

Days

1909

7

4

Age

15

days

Sex

Female

Color or
Race

White

Birth-
place

Mary

Occupation

None

Where Reiding if not
at place of death

None

Married, Single
or Widowed

Name of Wife or
Husband

None

Father's
Name

John W. Bassell

Father's
Birthplace

Md

Mother's
Maiden Name

Stella P. Murphy

Mother's
Birthplace

Md

Name of person giving
Information

John W. Bassell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malaria

151

X

How long

Immediate

None

How long

Are the name, age, sex, color, date
and place correctly given above?

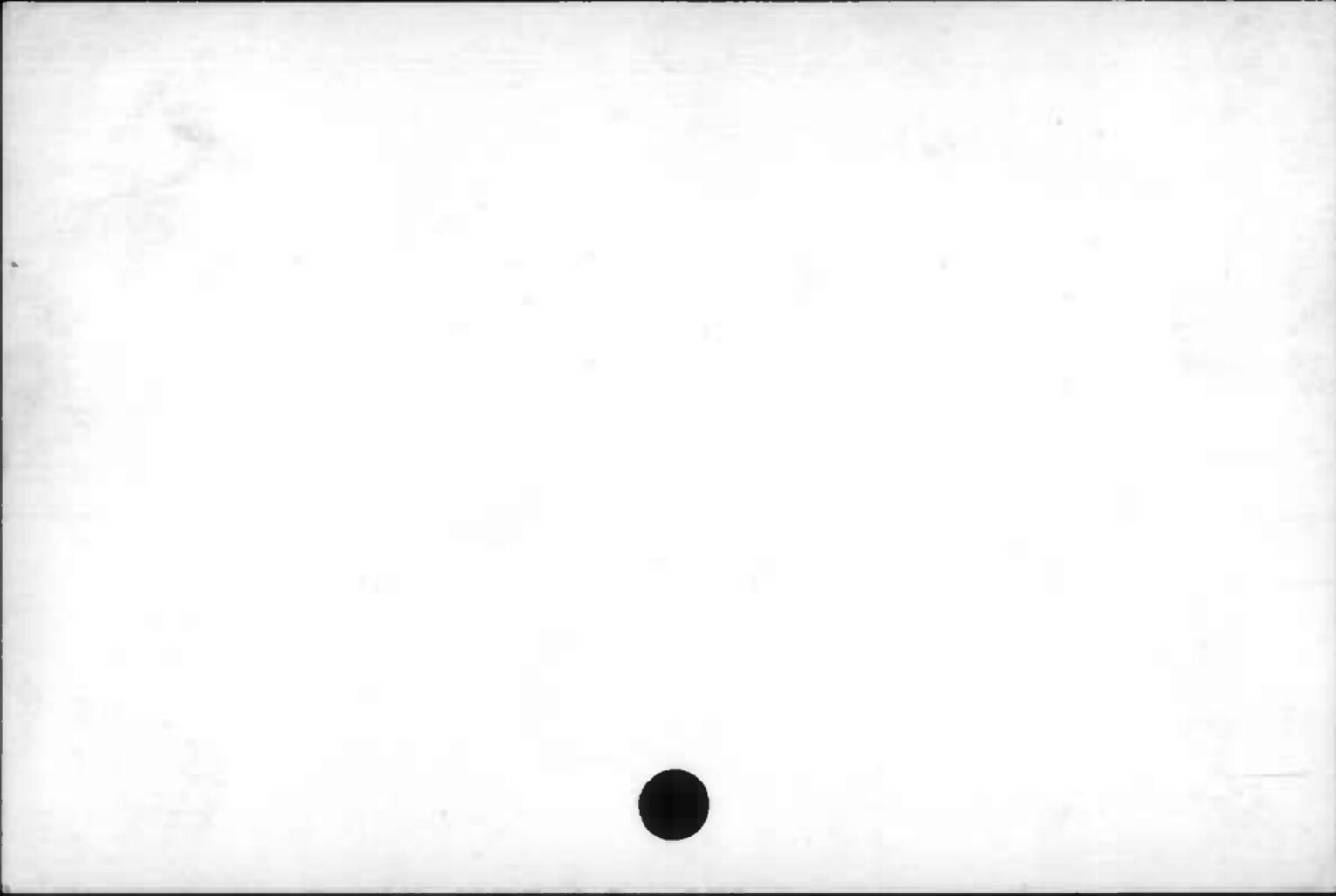
Signature of
Physician

Address

P.R. Fisher

Denton, MD

Accident or Suicide



Name
in
Full

Lewis Wesley Cephas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Federalsburg Caroline
Date Month Day Years Months Days
of death 190 9 July 13 Age 90
Sex Male Color or Birth-place
Occupation Farmer Race Federalsburg
Where Residing if not
at place of death
Married, Single Married Name of Wife or
or Widowed Husband Lizzie Cephas.
Father's Name Harrison Cephas. Father's Birthplace Caroline Co
Mother's Maiden Name Sally Collins Mother's Birthplace Caroline Co
Name of person giving Sarah Thomas How related
Information to deceased Daughter.

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary Dysentery

14

How long

X
4 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

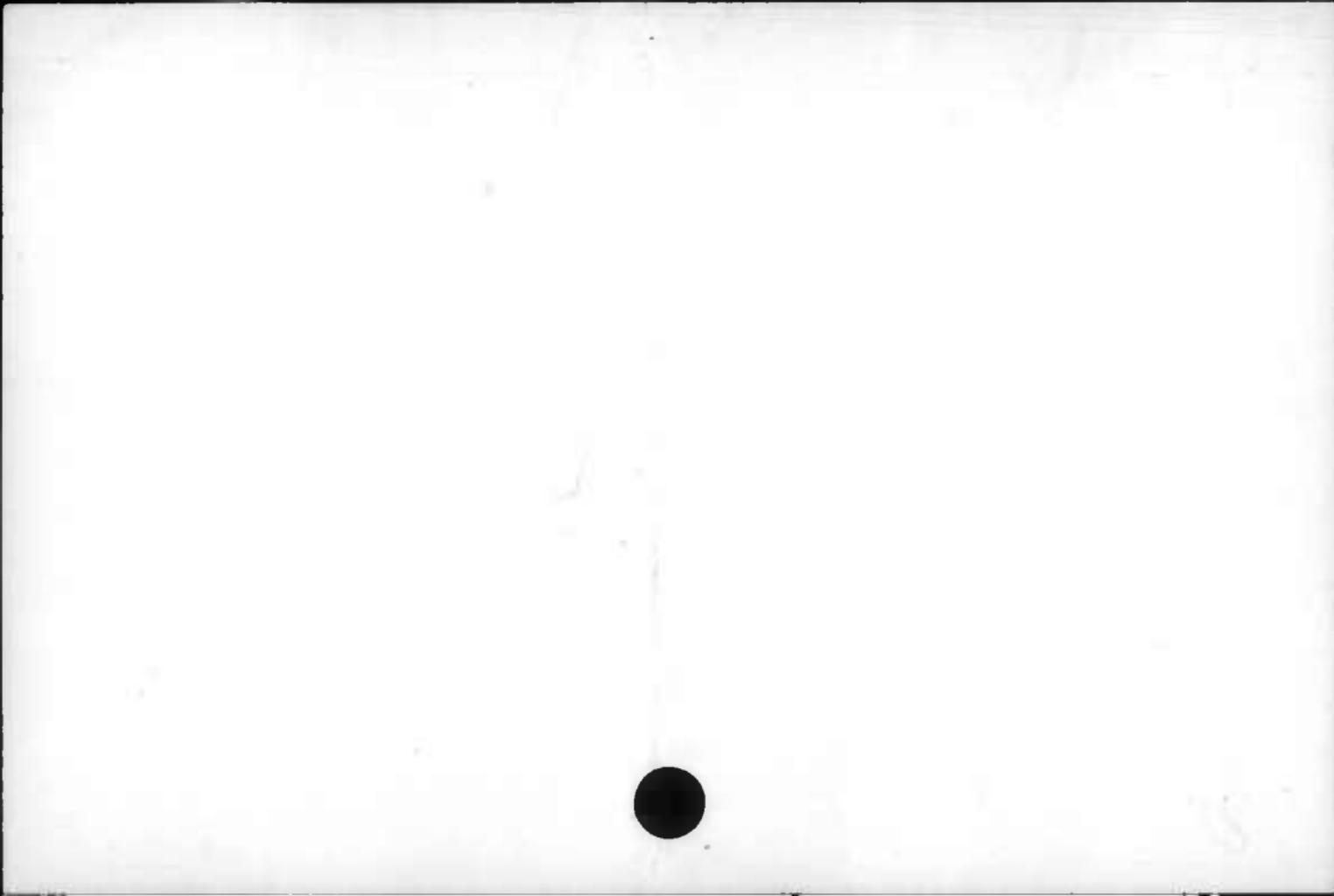
Yes

Signature of
Physician

Address

J. T. Brooks,
Federalsburg
Md.

Accident or Suicide



Name
in
Full

Mary Ephrae.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	Caroline MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	38		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Caroline Co.		
Father's Name	Levin Ephrae.	Mother's Birthplace	Caroline Co.		
Mother's Maiden Name	Eliza Sutley	How related to deceased	Sister.		
Name of person giving Information	Sarah Thomas				

CAUSES OF DEATH

Primary Confinement

137

X

How long

4 days.

Immediate Septicæmia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



F. J. Brook,
Federalsburg
Md.

Accident or Suicide



Name
in
Full

Koy Wysley Cherryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Month
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William W. Cherryman		
Mother's Maiden Name	Minnie Fish		
Name of person giving Information	William W. Cherryman		
Father's Birthplace	Bethlehem Md		
Mother's Birthplace	Balto. Md.		
How related to deceased			

CAUSES OF DEATH

105

X

How long

3 weeks

How long

3 day

PHYSICIAN
OR CORONER

Primary

Digestive Disturb
Cystitis

Immediate

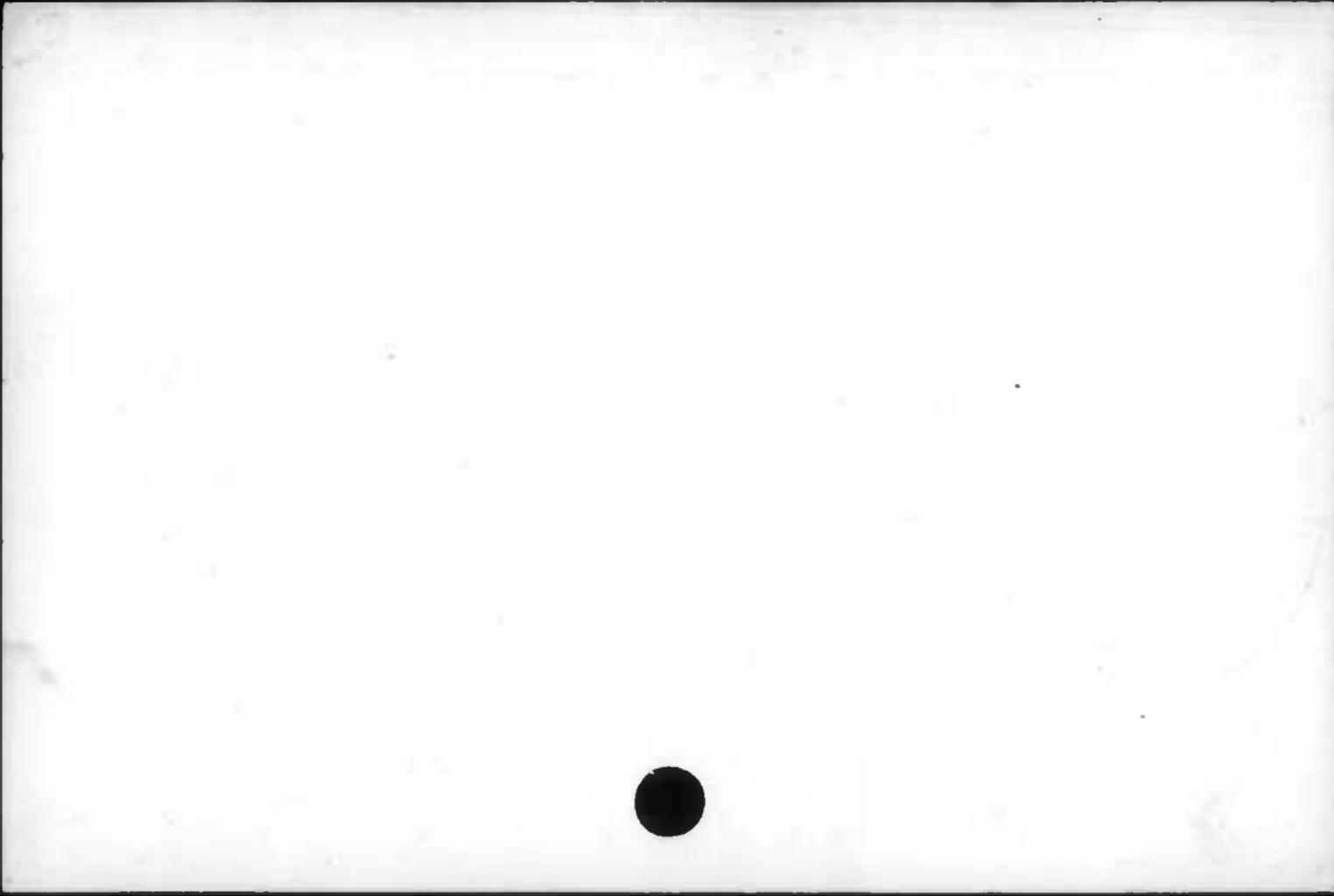
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. A. Hobble
Preston
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Suzan Blampett						CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years		Months	Days	
Sex	Color or Race	Age 61			Birth-place Dre		
Occupation	Where Residing if not at place of death			Wet Grinnings			
Married, Single or Widowed	name	Name of Wife or Husband	Isac T Blampett				
Father's Name	Isac Barcus			Father's Birthplace Dre			
Mother's Maiden Name	dont know			Mother's Birthplace unknown			
Name of person giving information	Isac T Blampett			How related to deceased Husband			

CAUSES OF DEATH

Primary

Typhoid fever.

1

X

How long

3 weeks

Immediate

Coma

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

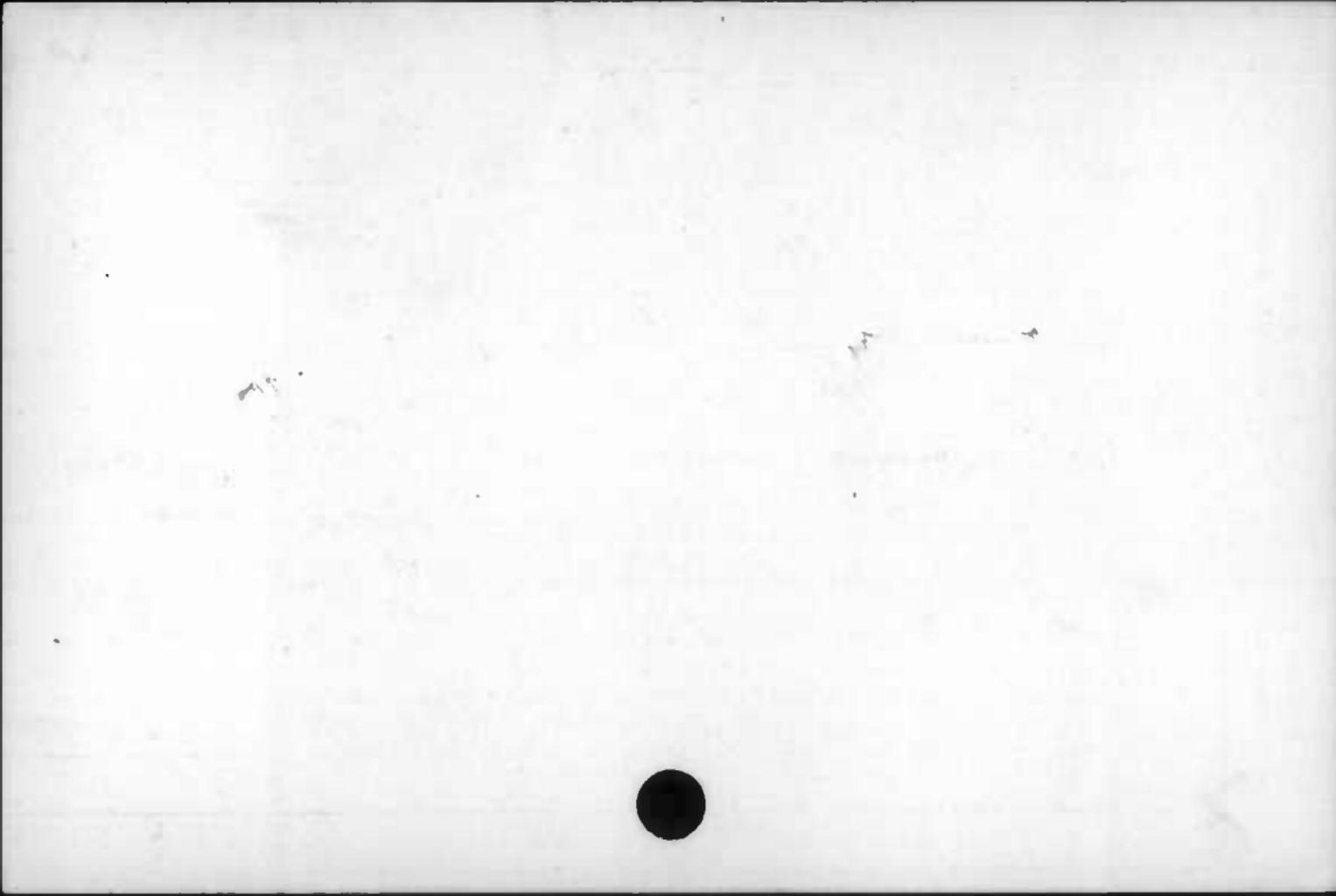
Dr. W. A. Meine.

Greensboro

Mo



Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Denton Town County Caroline
Date of death 1909 Month Day 84 Years Age 42 Months — Days —
Sex Female Color or Race White Birth-place Delaware
Occupation Housekeeper Where Residing if not at place of death
Married, Single or Widowed Widowed Name of Wife or Husband Wm. H. Deweese
Father's Name Frederick Owens Father's Birthplace Delaware
Mother's Maiden Name Margrette Powell Mother's Birthplace Delaware
Name of person giving Information Publisher Powell How related to deceased Nucleus
Information

CAUSES OF DEATH

42

How long

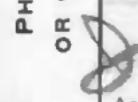
2 yrs

How long

2 months

Signature of Physician

Address

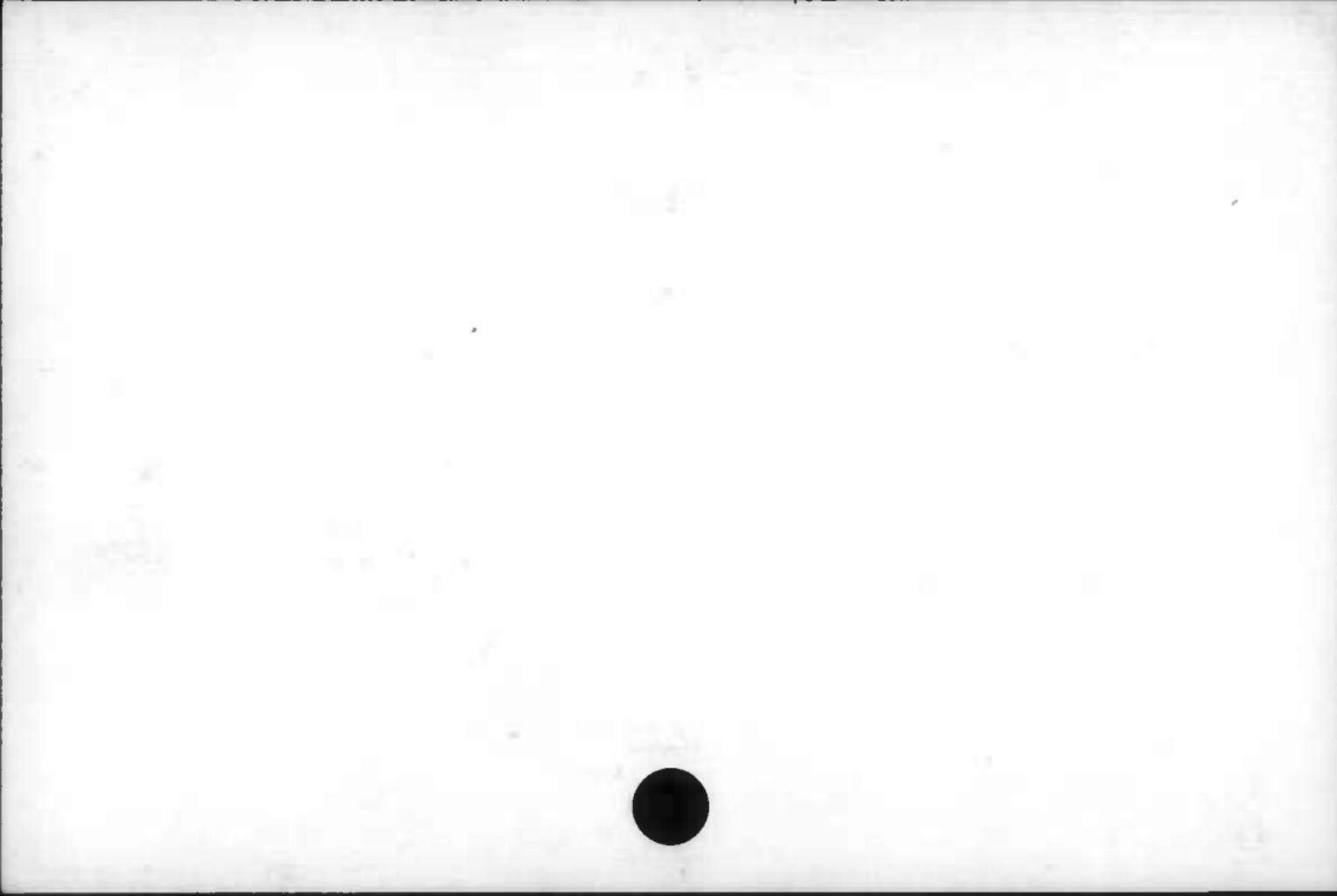


Accident or Suicide

Are the name, age, sex, color, date and place correctly given above?

Yes

French George MD
Denton Dela.



Name
in
Full

Delbert Downes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of death 1909	Town Month July	Day 4	Age _____	County Caroline	MARYLAND
Sex male	Color or Race	Black	Birth-place Ridgely Md.	Months 5	Days 15
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	German E. Downes				
Mother's Maiden Name	Laura Matthews				
Name of person giving Information	German E. Downes				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

105

X

How long

Primary

Hep-Colitis
Exhaustion

How long

3 days
6 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

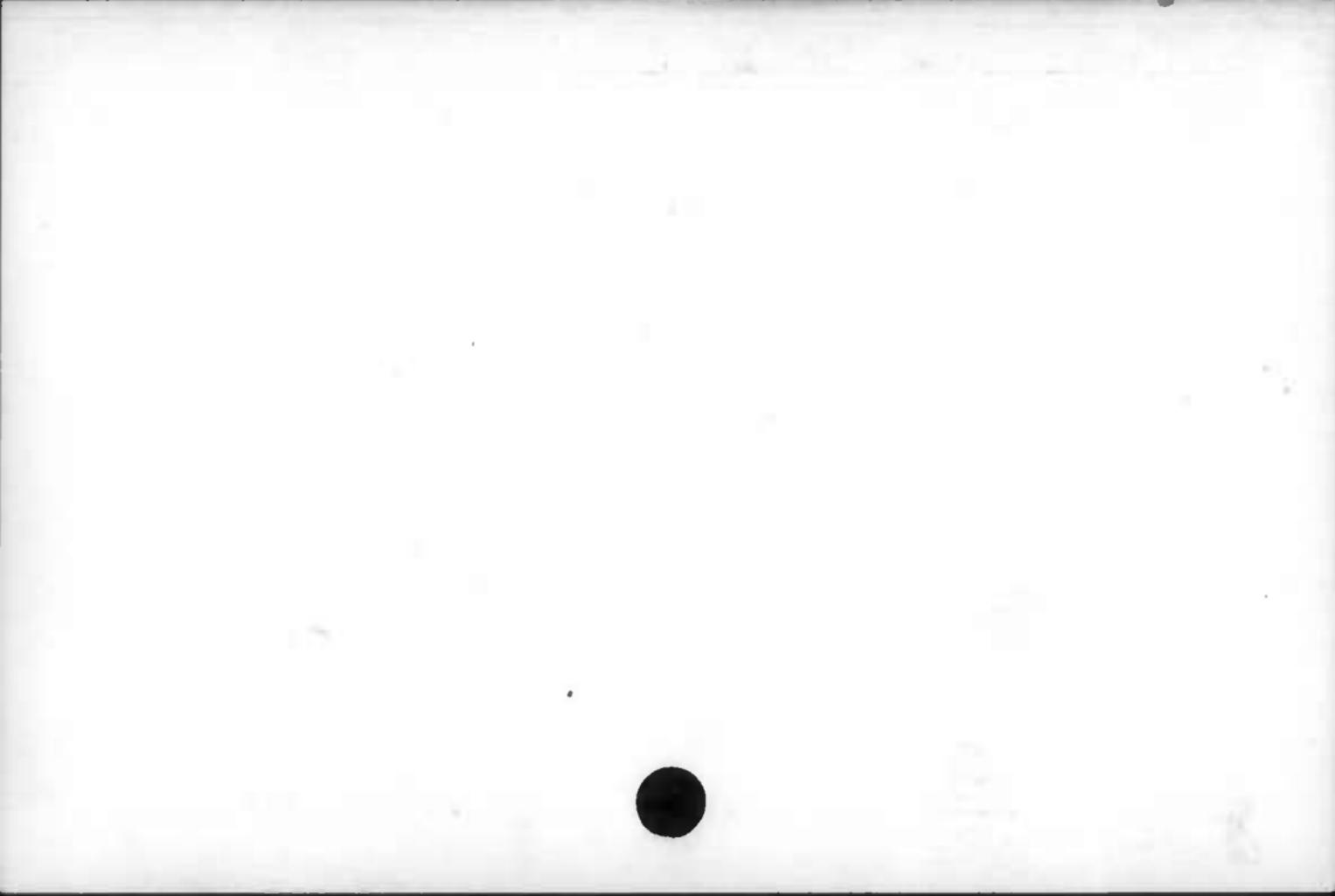
Signature of
Physician

Wm Garvin M.D.

Address

Ridgely
Caroline Co.

Accident or Suicide



Name
in
Full

Georgiana Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Denton

County

MARYLAND

Date of death 1909 Month 7 Day 8 Age 79 Years — Months — Days —

Sex Female

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Del

Father's
Name

George Fisher

Mother's
Maiden Name

Mary A. Jones

Mother's
Birthplace

Md

Name of person giving
Information

Adrie M. Emerson

How related
to deceased

Sister

CAUSES OF DEATH

106

+

How long

One year

How long

One week

PHYSICIAN
OR CORONER

Primary

Serulity

Immediate

Diarrhoea

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

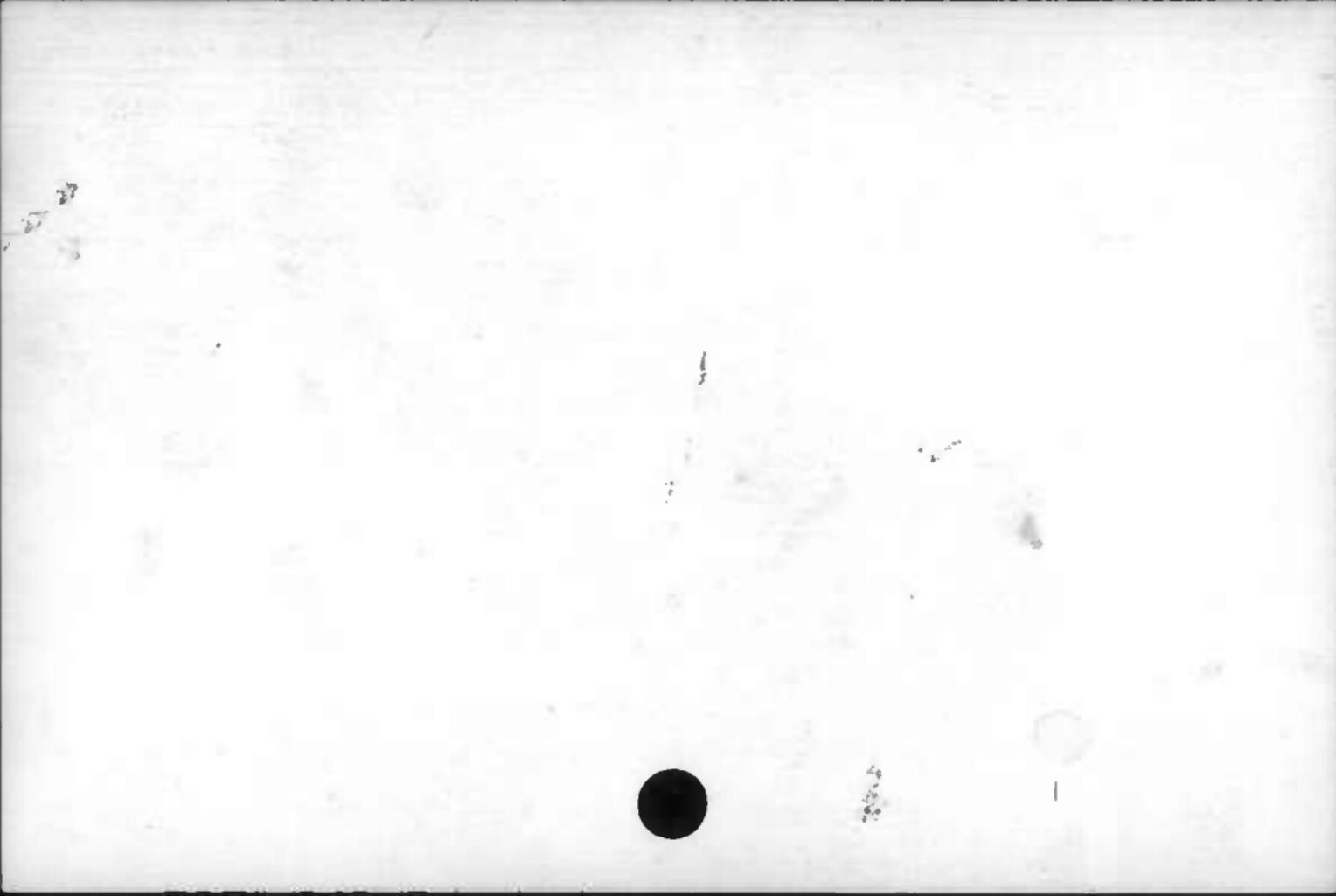
Address

P. P. Fisher

Denton

Accident or Suicide

No



Name
in
Full

Elizabeth Fleetwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hoxton Branch, Baltimore

Date of death 1901 Month July Day 9 Years 68

Sex Female Color or Race White

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Unknown

Mother's Maiden Name Unknown

Name of person giving Information Isaac Fleetwood

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery

14

X

10 days

Immediate

Heart Disease

10 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

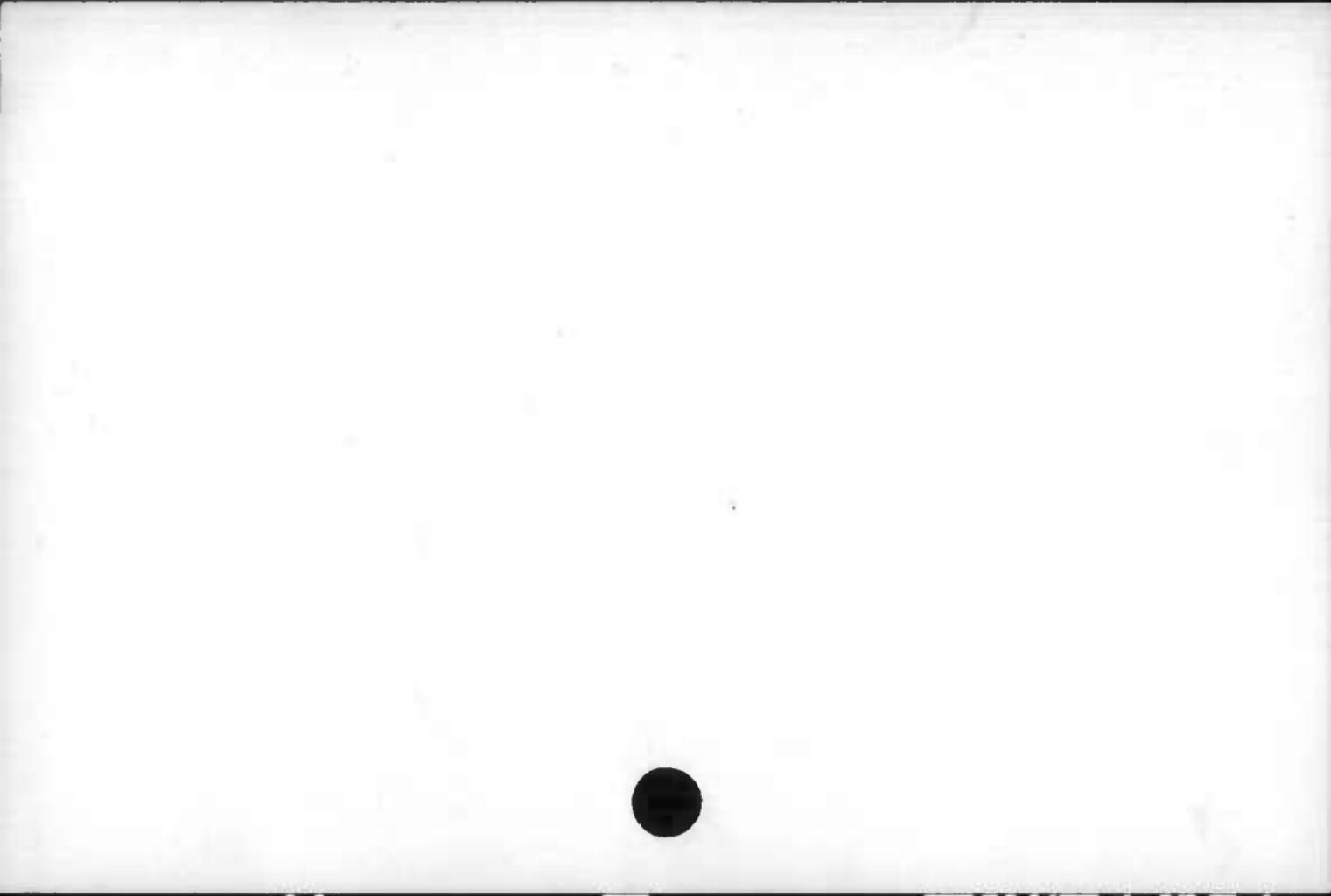
H. T. Brooks,

Address

Federalsburg
Md.

J

Accident or Suicide



Name
in
Full

Elisabeth May Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Ged's boro		County Caroline	MARYLAND	
Date of death	Month 1909 July	Day 21	Years	Months "	Days
Sex Female.	Color or Race	Age		Birth- place	Ged's boro, Md.
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband			Father's Name	John W. Harris
Mother's Maiden Name	Anna Priester			Father's Birthplace	Maryland
Name of person giving Information	John W. Harris			Mother's Birthplace	Maryland
				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemo-colitis

105

X

How long

locked

Immediate

"

Are the name, age, sex, color, date
and place correctly given above?

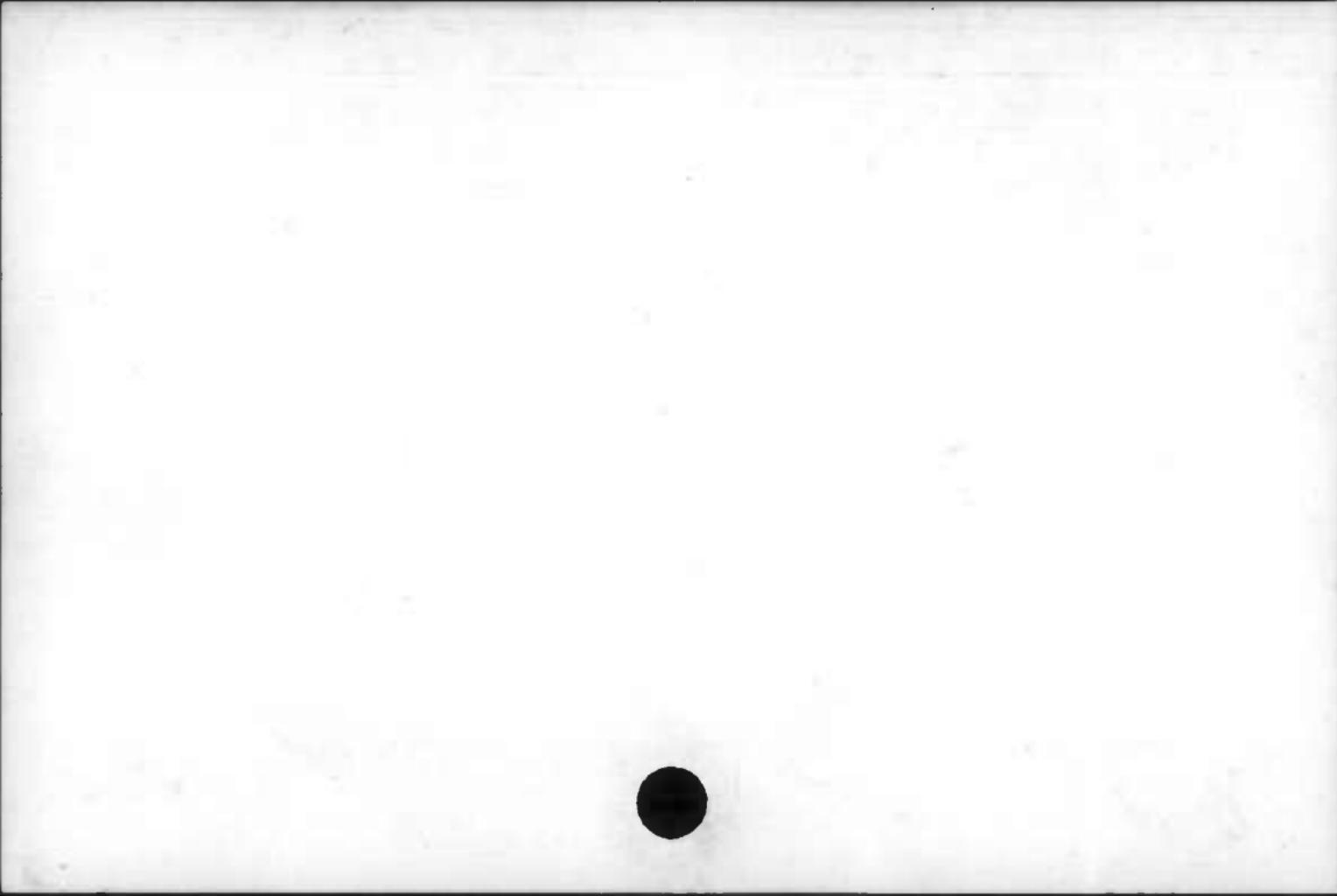
yes

Signature of
Physician

Address

W.W. Goldsborough
Ged's boro, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Nopp.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	—	Months	Days	
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Not known						
Mother's Maiden Name	Not known						
Name of person giving Information	Alfred Clark						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Father Heart*

79 X

How long

Immediate *Drugs*

not known

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

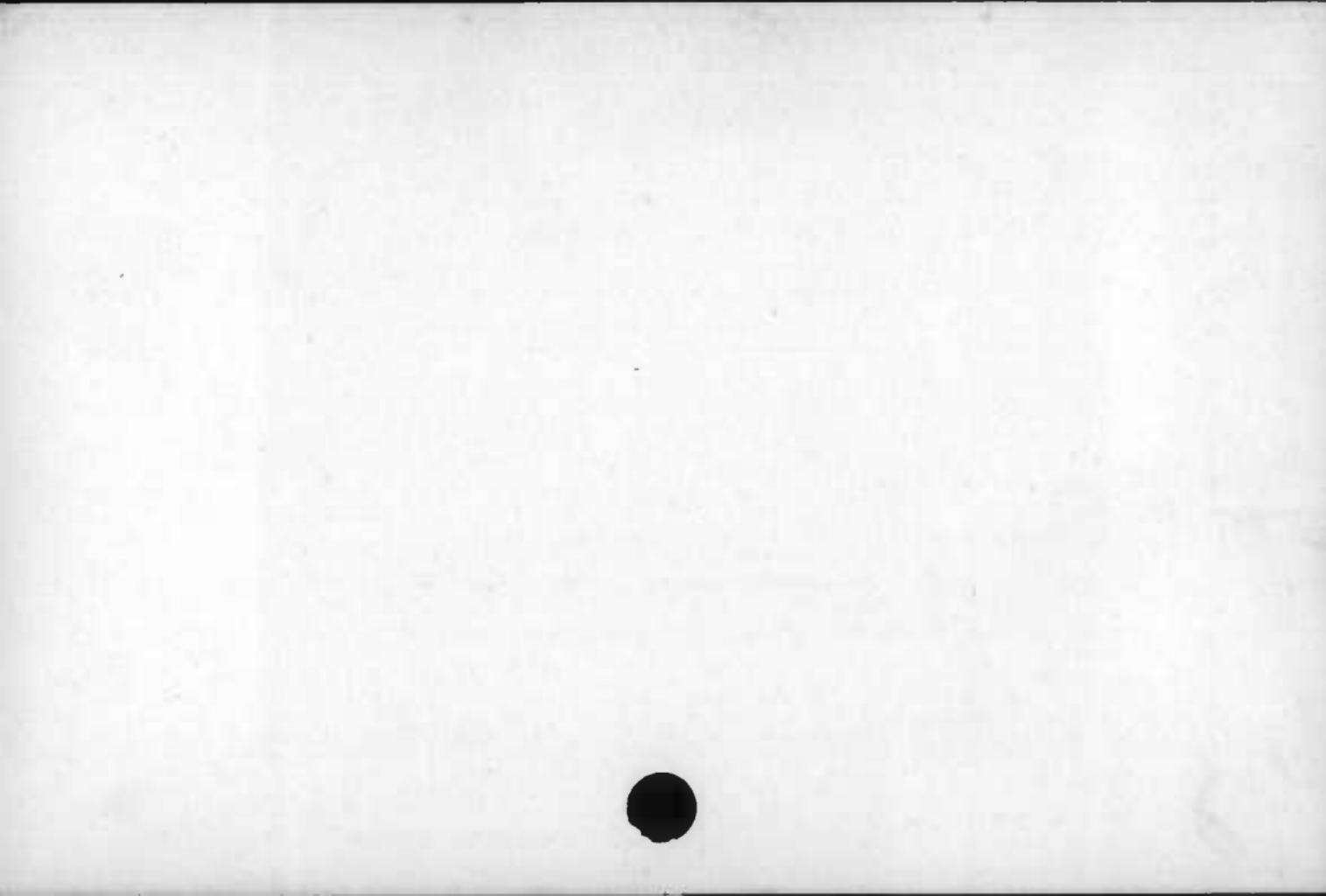
Kirwan, Maryland

R.S.

C.M.

J

Accident or Suicide?



Name
in
Full

Mary Victoria Haarond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	2	6	29
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James			
Father's Name	Not any				
Mother's Maiden Name	Maryda Lake				
Name of person giving information	Jos Haarond				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Mosquitos. Infestation
How long 1 year

Immediate

Pretty Halea infestation

How long

Are the name, age, sex, color, date and place correctly given above?

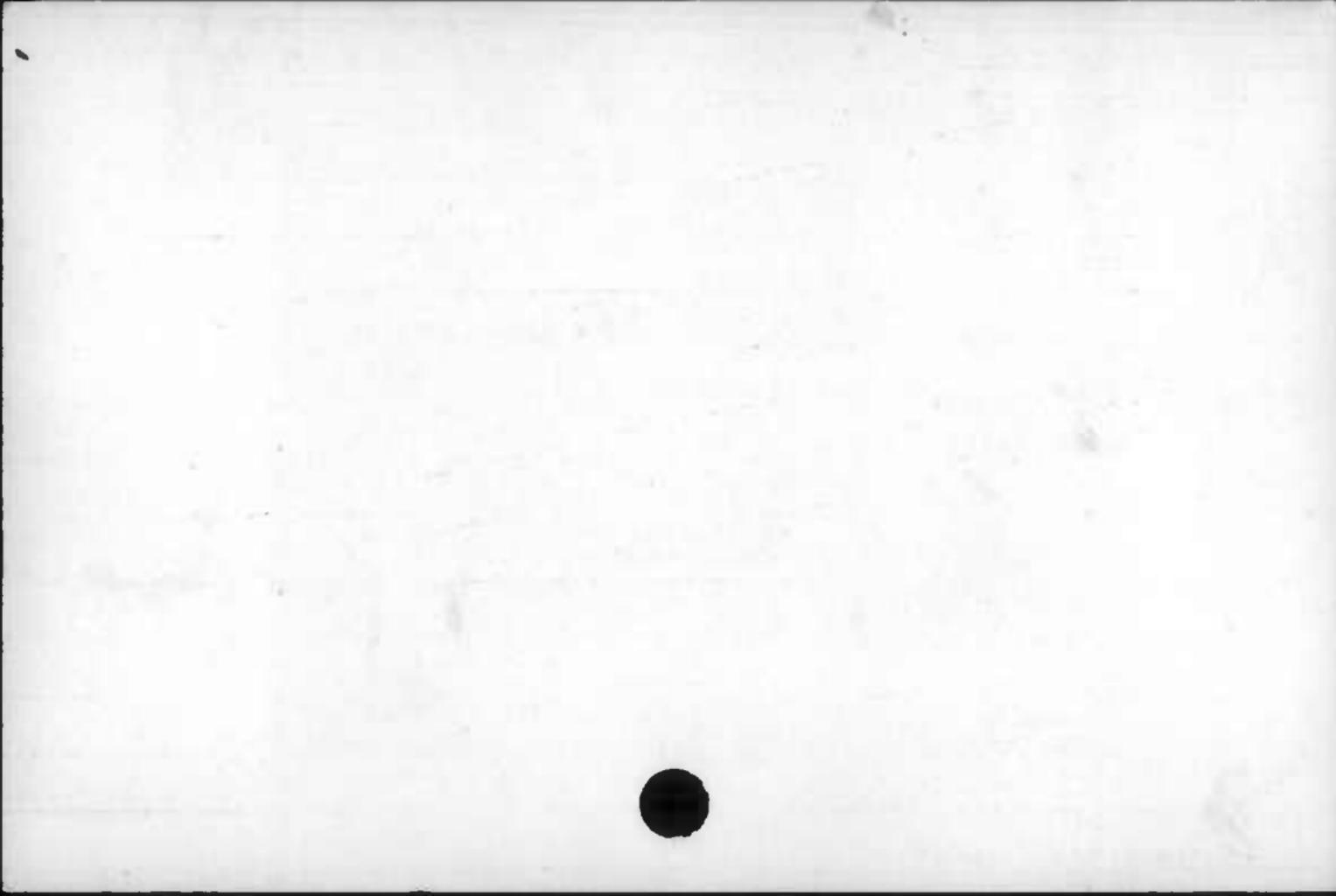
Signature of Physician

Address

Harmont Deunes

8

Accident or Suicide?



Name
in
Full

Agnes Minier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Greensboro</u>		Town	County <u>Caroline</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>7</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5-</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>near Greensboro</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>md</u>				
Father's Name <u>Mathew Minier</u>	Mother's Maiden Name <u>Bell Darling</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Mrs Bell Minier</u>	How related to deceased <u>sister</u>					

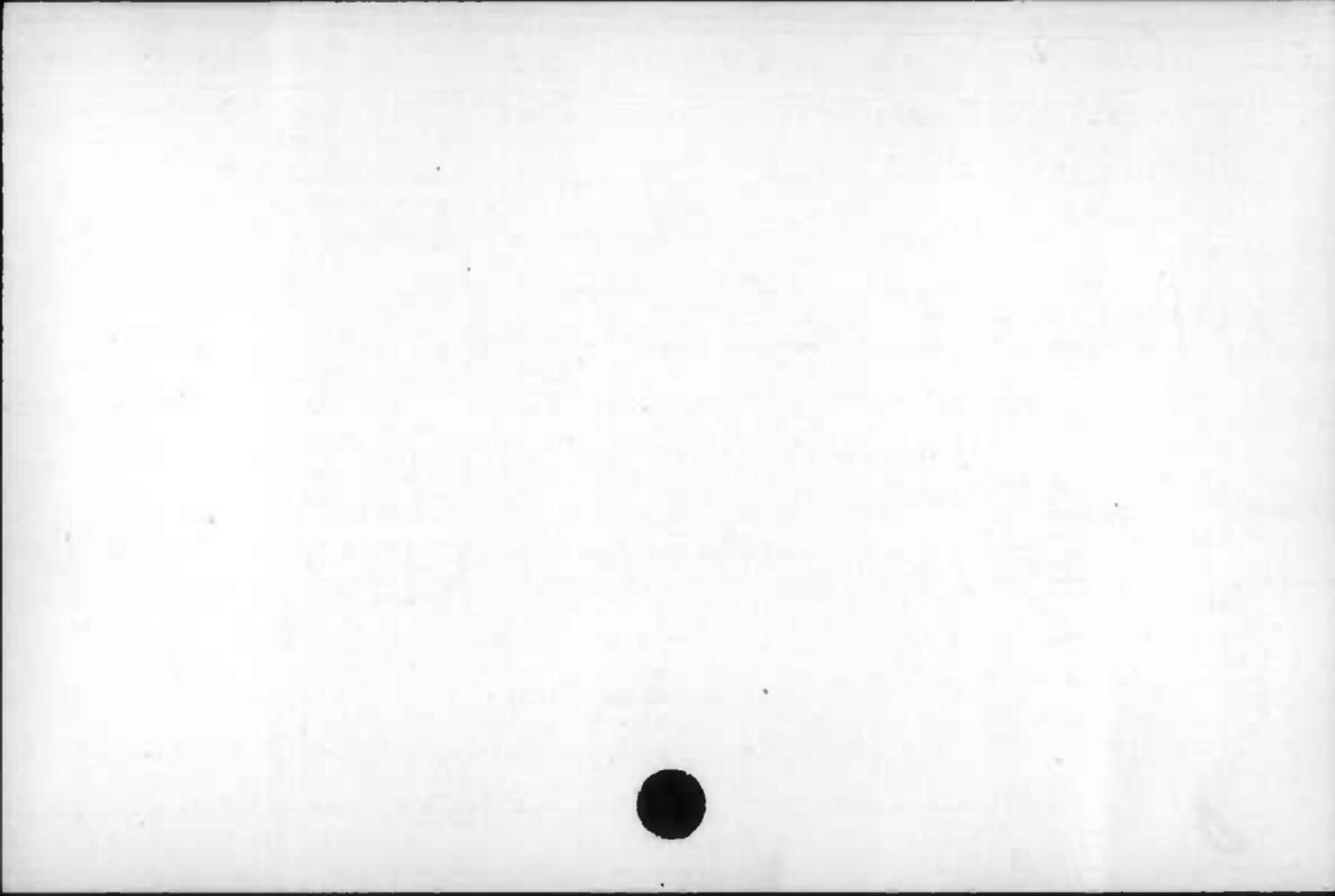
CAUSES OF DEATH

103

X

PHYSICIAN
OR CORONER

Primary <u>Indigestion</u>	How long <u>Greco-</u>
Immediate <u>Colitis</u>	How long <u>I ver o-</u>
Are the name, age, sex, color, date and place correctly given above? <i>J</i>	Signature of Physician <u>D. R. McNamee</u>
	Address <u>Greensboro</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hermetta Michole

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Newcomer-y Caroline

Date of death 1909 Month 7 Dey 23 Year Age 72 Months - Days -

Sex Female Color or Race White

Birth-place Ind

Occupation

Where Residing if not
at place of death

Sandy

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John E. Michole

Father's Name

Robert Smith

Father's Birthplace

Ind

Mother's Maiden Name

Rachel Wilson

Mother's Birthplace

Ind

Name of person giving
Information

Thomas Michole

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Gangrene

(142) X

How long

3 weeks

Immediate

Senile

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

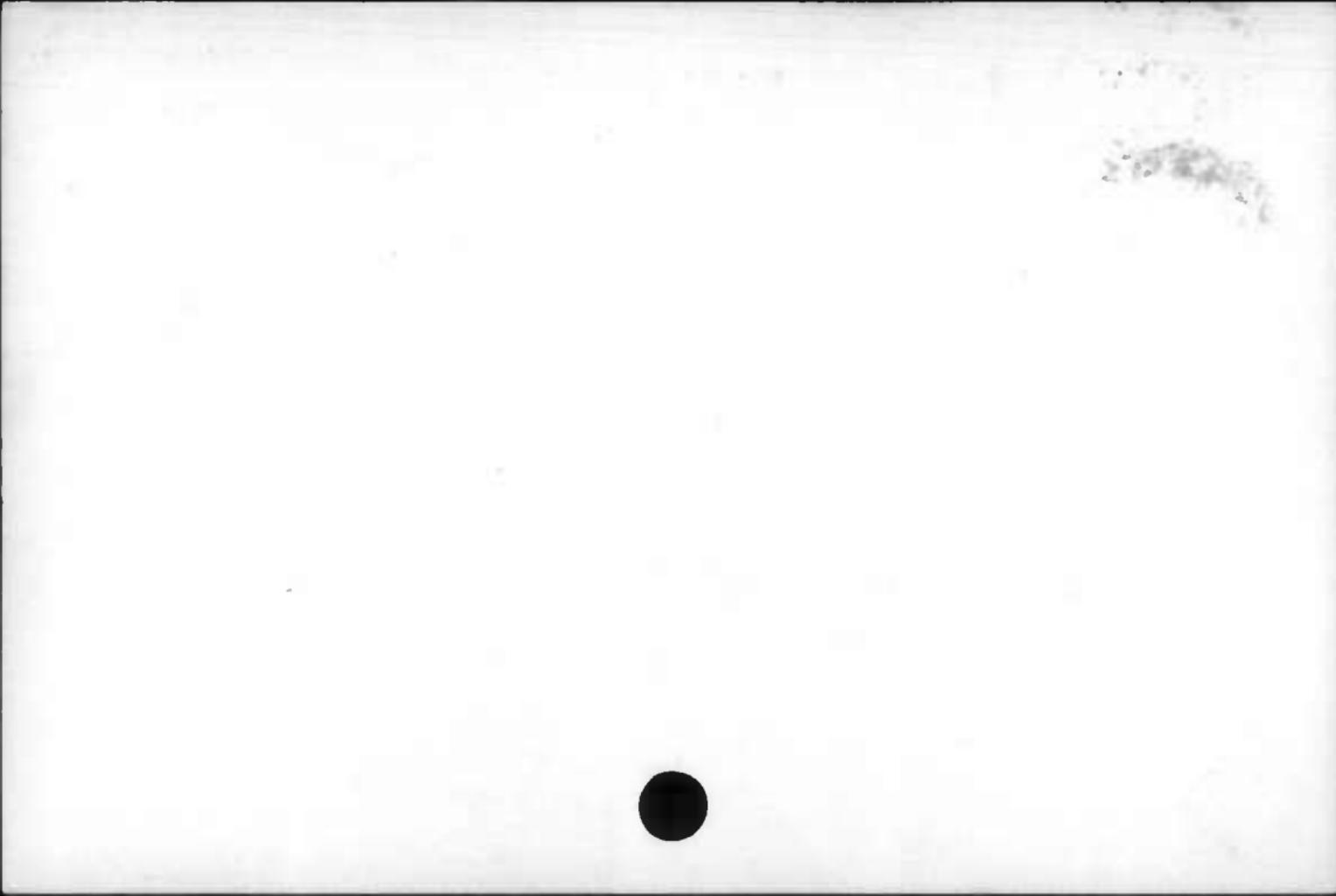
Address

P. R. Finkin

Denton

Ind

Accident or Suicide



Name
in
Full

Geo. Edward Robt.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
Sax	Color or Race	Age	Day
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Laura Esthington	Mother's Name	Mother's Birthplace
Name of person giving Information	"Brooklyn"	How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cystic Fibrosis

55

X

How long

4 hours

Immediate

Convulsions

How long

3 min.

Are the name, age, sex, color, date and place correctly given above?

Yes

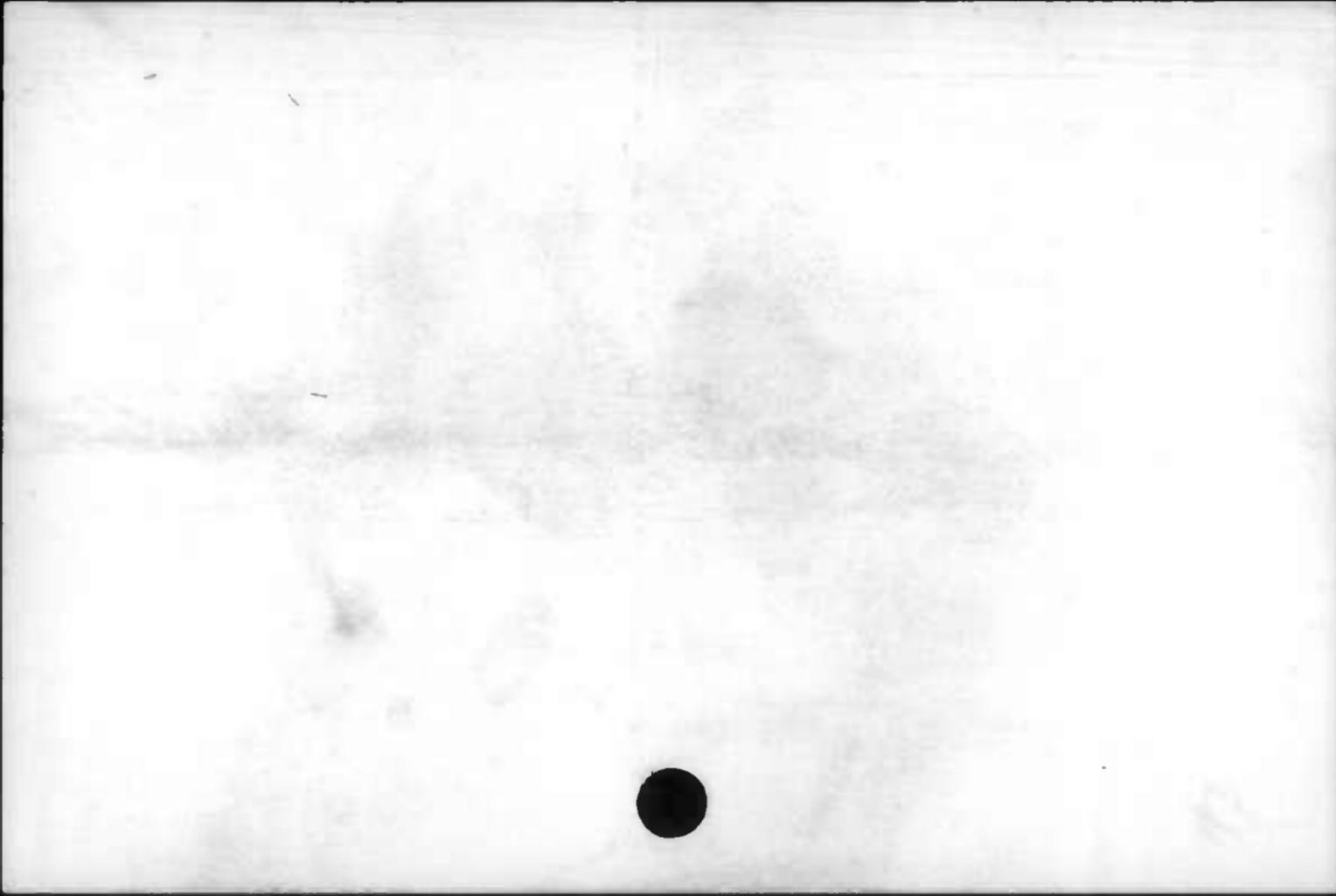
Signature of Physician

Address

Geo. F. Garmany.
Federally, Md

J

Accident or Suicide



Name
in
Full

Geo. Roach Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Geo. Roach.			
Mother's Maiden Name	Levnie Brewmer.			
Name of person giving information	Geo. Roach.			
Father's Birthplace Sussex Co. Del.				
Mother's Birthplace Federalsburg				
How related to deceased Father				

CAUSES OF DEATH

105

How long

How long

Primary

Gastro Intestinal Inflammation

X

6 days

Immediate

Yes.

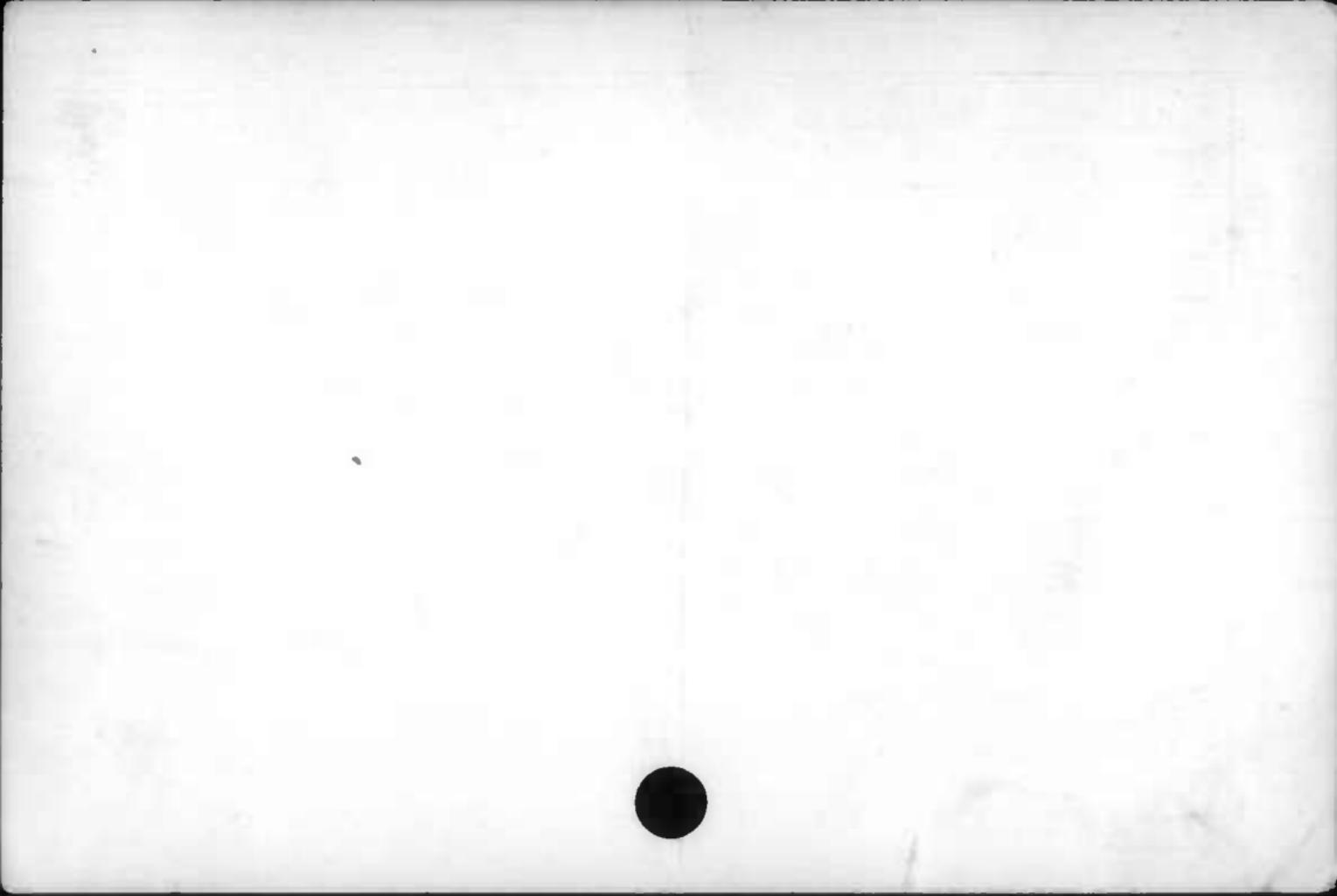
Signature of Physician

Address

J. P. J. Brooks.
Federalsburg

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Yvonne J. Schomaker

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	70	11 - 1
Occupation	Housewife		Where Residing if not at place of death	Greensboro	
Married, Single or Widowed	Widower	Name of Wife or Husband	Wm Edward J. Schomaker		
Father's Name	Mrs. Allen		Father's Birthplace	Del.	
Mother's Maiden Name	Nellie Moore		Mother's Birthplace	Del.	
Name of person giving information	Dr. R. M. Malone		How related to deceased	Son	

CAUSES OF DEATH

66

X

How long

2 years

6 days

How long

PHYSICIAN
OR CORONER

Primary Humphepin -

Immediate Comas -

Are the name, age, sex, color, date and place correctly given above?

Yes

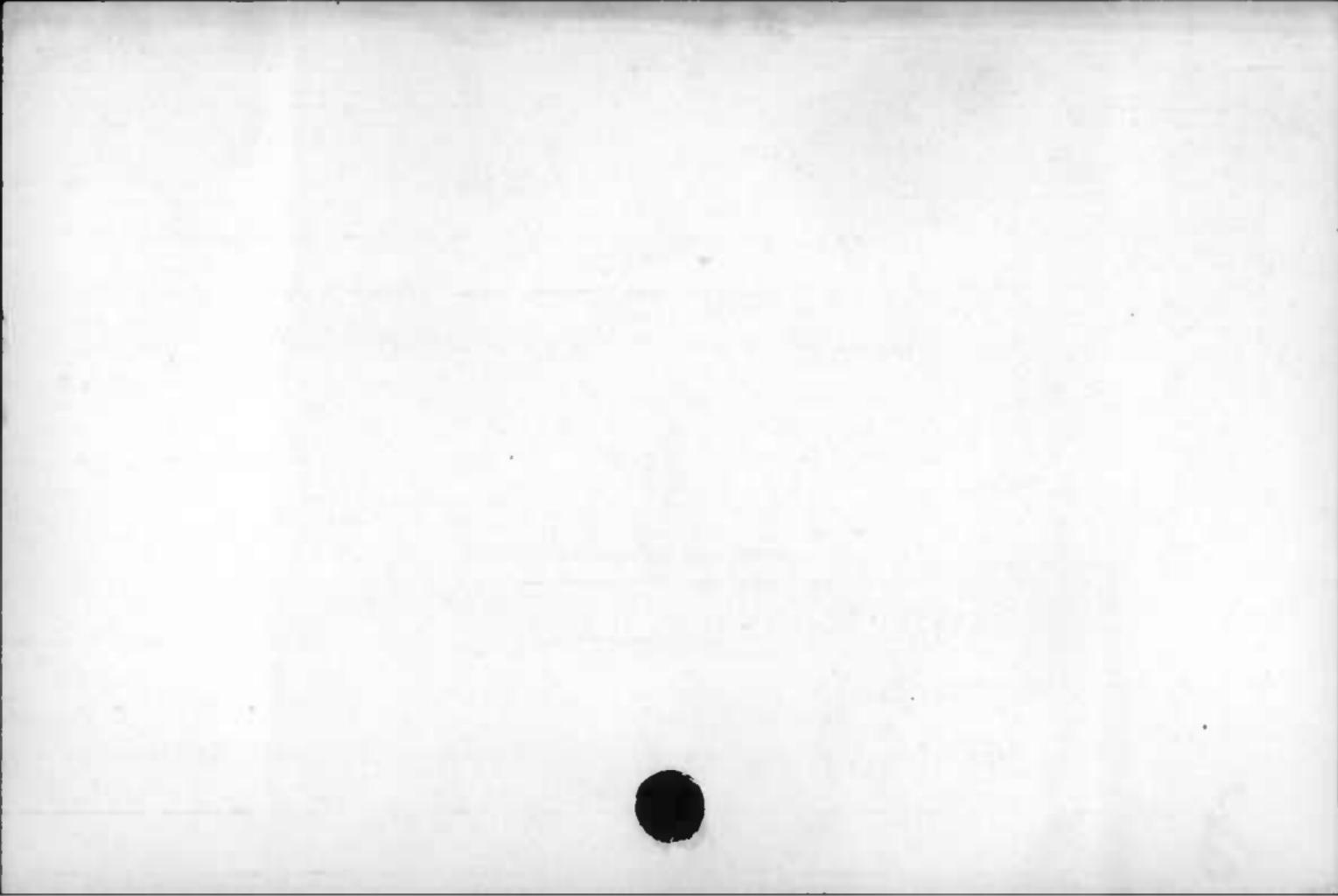
Signature of Physician

Address

Dr. R. M. Malone,
Greensboro, Md.

J

Accident or Suicide?



Name
in
Full

Ruth Rodney Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace	Md	
Occupation	Where Residing if not at place of death		Preston		
Married, Single or Widowed	Name of Wife or Husband	None		None	
Father's Name	Borden Timmons		Father's Birthplace	Md	
Mother's Maiden Name	Daisy Rodney		Mother's Birthplace	Md	
Name of person giving information	Borden Timmons		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inflammation, Meningitis

105

X

How long

every life

Immediate

Other Infants

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

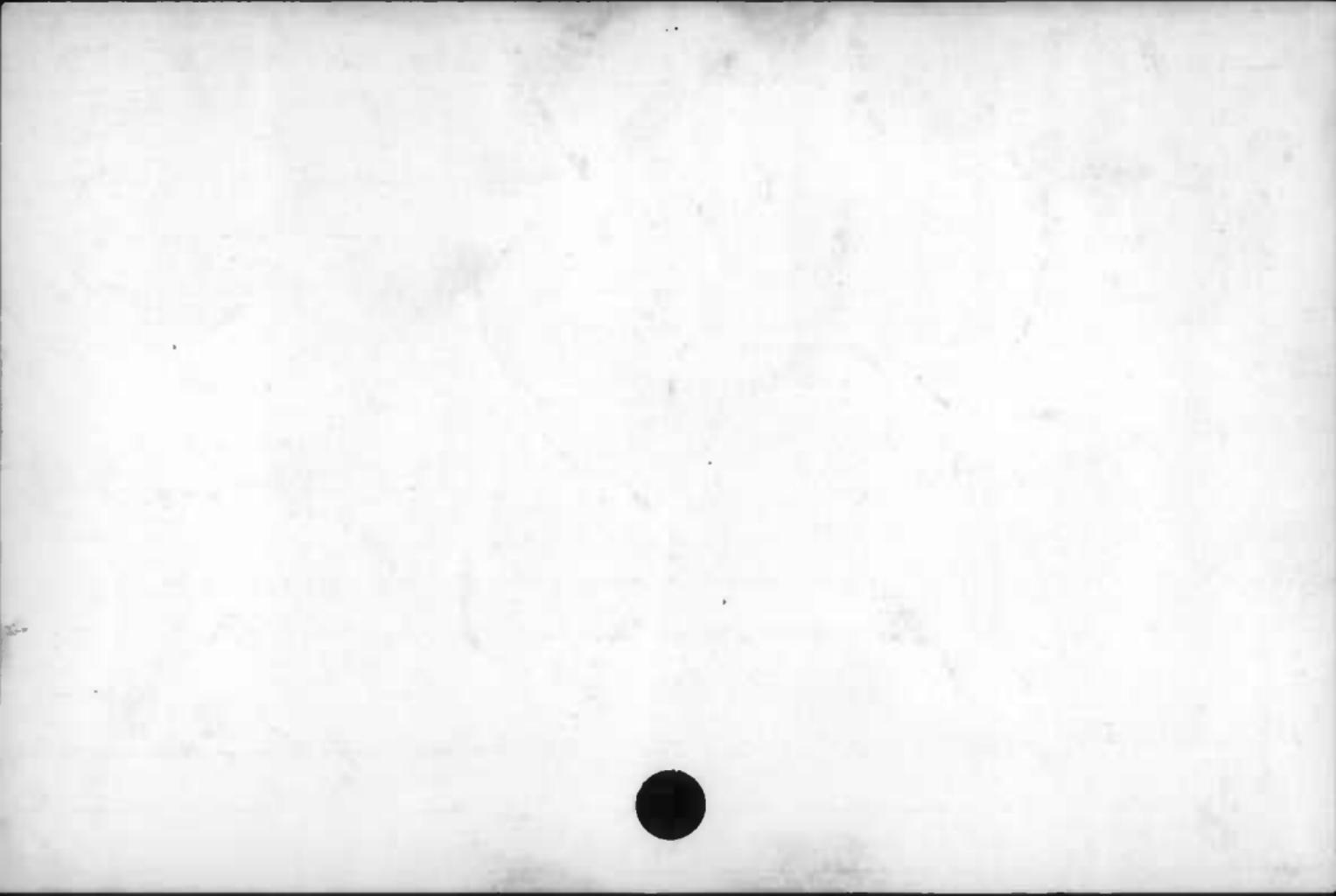
Address

Raymond Dawes

Preston



Accident or Suicide?



Name
in
Full

Thos Harvey Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Preston

Town

County

MARYLAND

Date of death 1909 July

Month

Day

Years

Months

Days

13 Age 71

Sex Male

Color or Race

white

Birth-place

Md

Occupation Merchant

Where Residing if not
at place of death

Preston

Married, Single
or Widowed

Mossie

Name of Wife or
Husband

Annie Todd

Father's
Birthplace

Father's
Name

Nathan Todd

Ged

Mother's
Maiden Name

Deytbaeck

Mother's
Birthplace

Name of person giving
Information

Chas Todd

How related
to deceased

Ged
Bauer

CAUSES OF DEATH

Primary

Concussion of Stomach

40 X

How long

18 mos.

Immediate

Heart failure

How long

12 hours

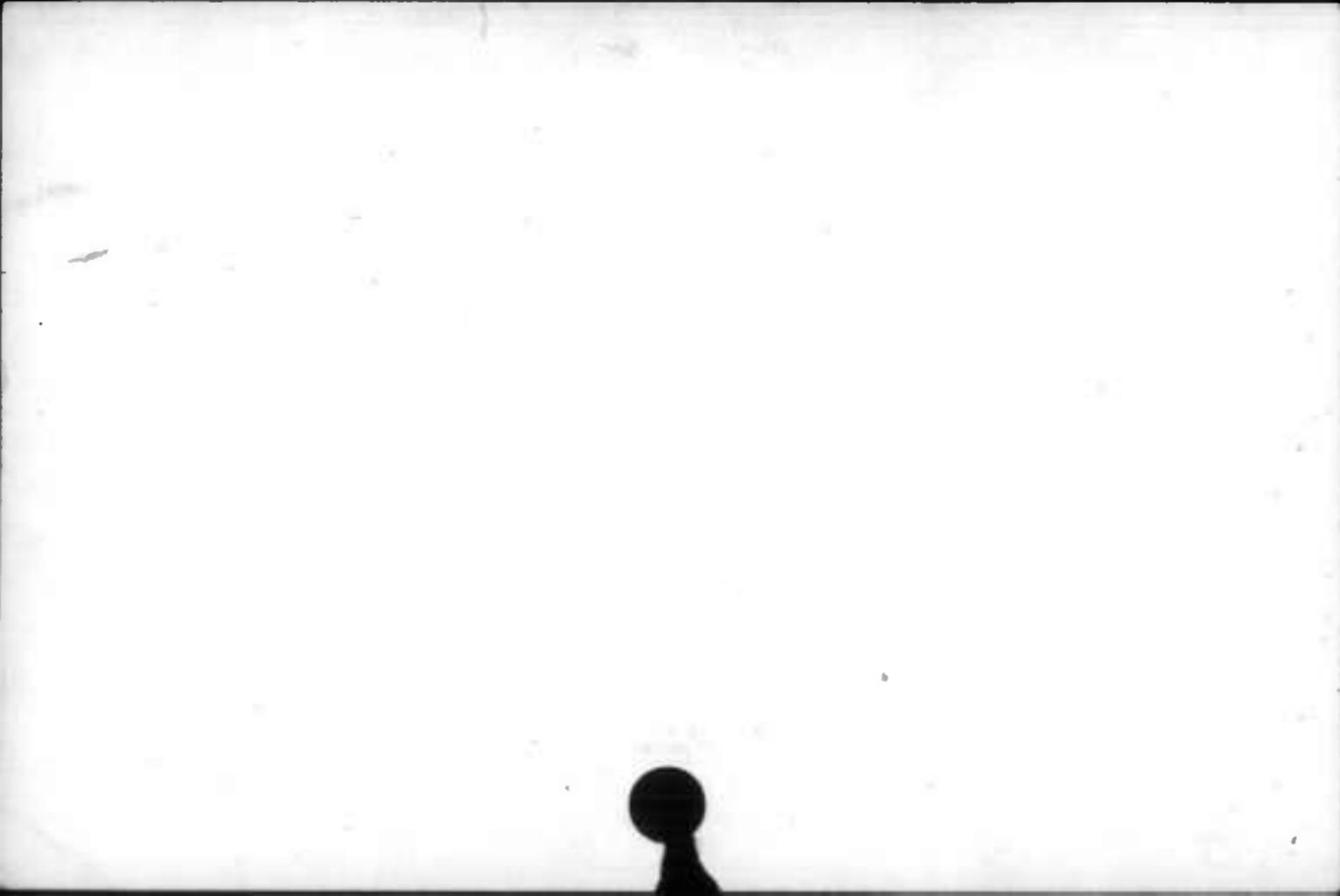
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J Raymond Daunes
Preston

Accident or Suicide



Name
in
Full

Elizabeth Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	75-	
Occupation	Housewife	Where Residing if not et place of death				
Married, Single or Widowed	widow	Name of Wife or Husband	Jacob Powers			
Father's Name	unknown	Father's Birthplace				
Mother's Maiden Name	unknown	Mother's Birthplace				
Name of person giving Information	Martine Powers	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apolplexy

64

X

Immediate

Are the name, age, sex, color, date
and place correctly given above?

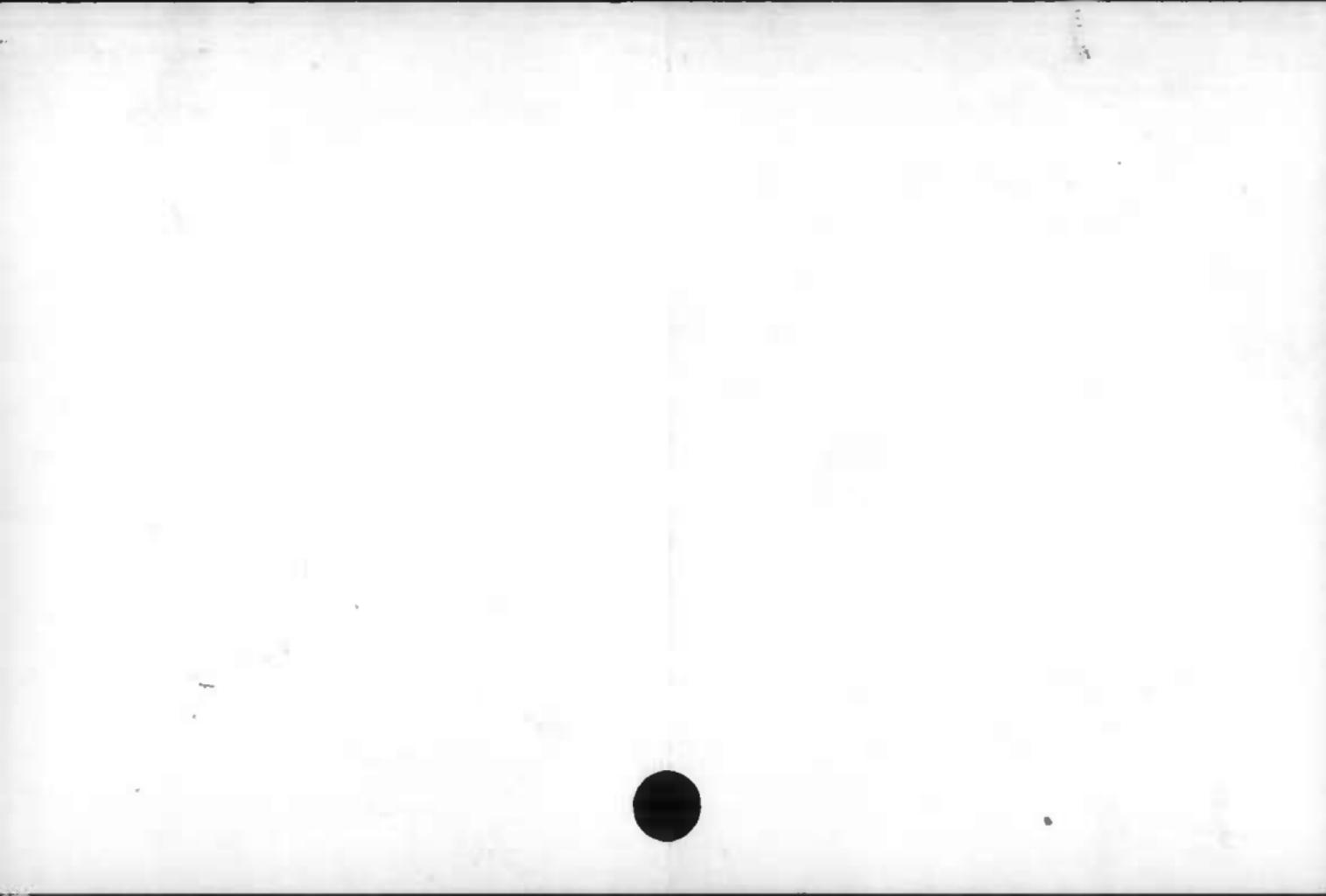
yes

Signature of
Physician

Address

R Kemp Jefferson
Federalsburg
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Sarah Dracitt		Town	County	MARYLAND		
Died at	90	Month	Day	Years	Months	Days
Date of death	July	15		Age	80	
Sex	Female	Color or Race	White	Birth-place	Delaware	
Occupation	Wife	Where Residing if not at place of death			Near Hickman	
Married or Widowed		Name of Wife or Husband	Samuel Dracitt			Father's Birthplace
Father's Name	John Spencer					Mother's Birthplace
Mother's Maiden Name	not known					How related to deceased
Name of person giving information	Mrs R. Leslie					Granddaughter

CAUSES OF DEATH

166

X

PHYSICIAN
OR CORONER

Primary

Old Age
comes from a fall about - On way

Immediate

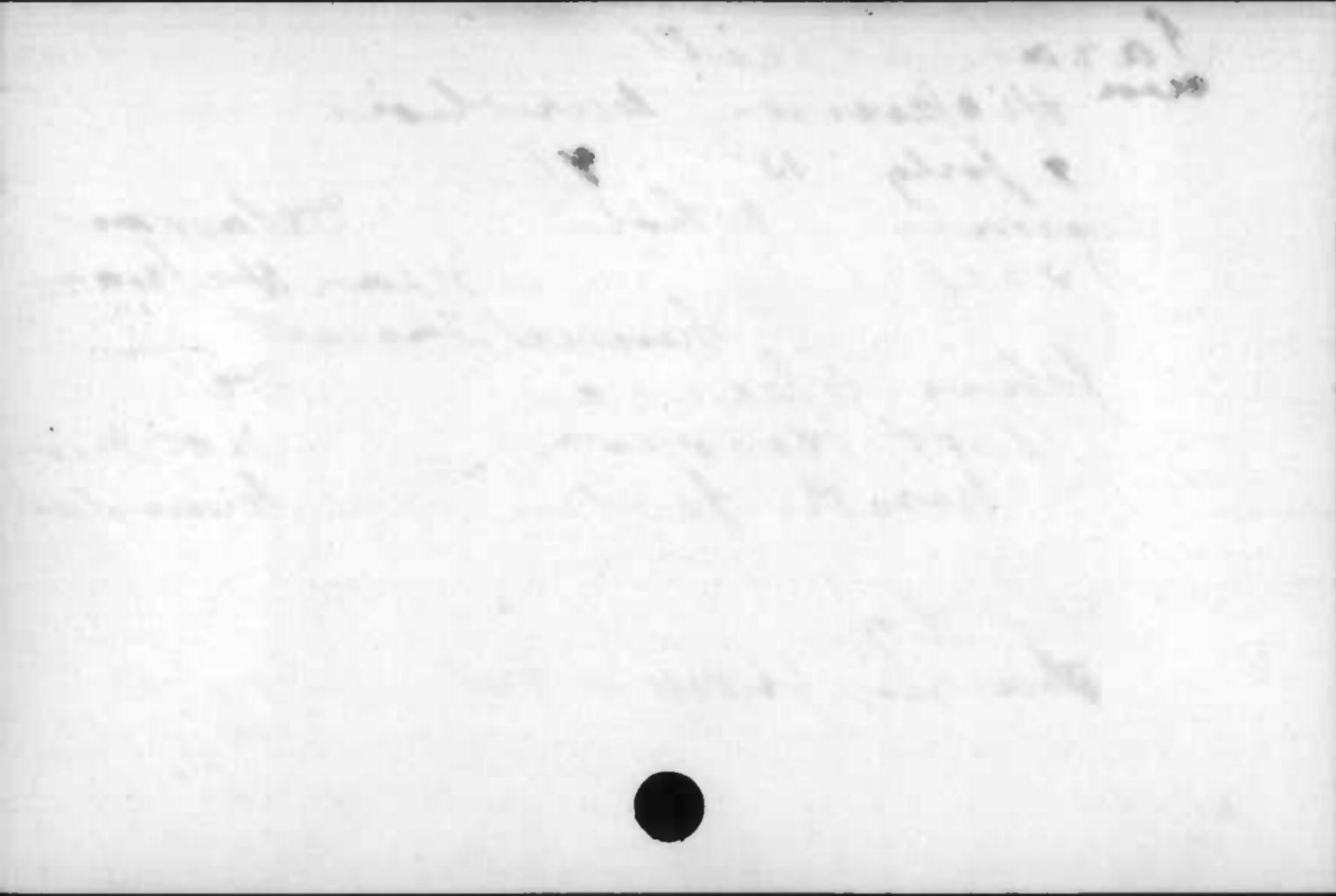
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

90 -
Accident or

Thos. Sandybury
R.D. Weston 801



Name
in
Full

Ellen Vadijkine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	" "
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Frank Vadijkine	Father's Birthplace	Ohio
Mother's Maiden Name	Allen	Mother's Birthplace	Md
Name of person giving information	Father	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hes colitis*

105

How long

Immediate " "

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

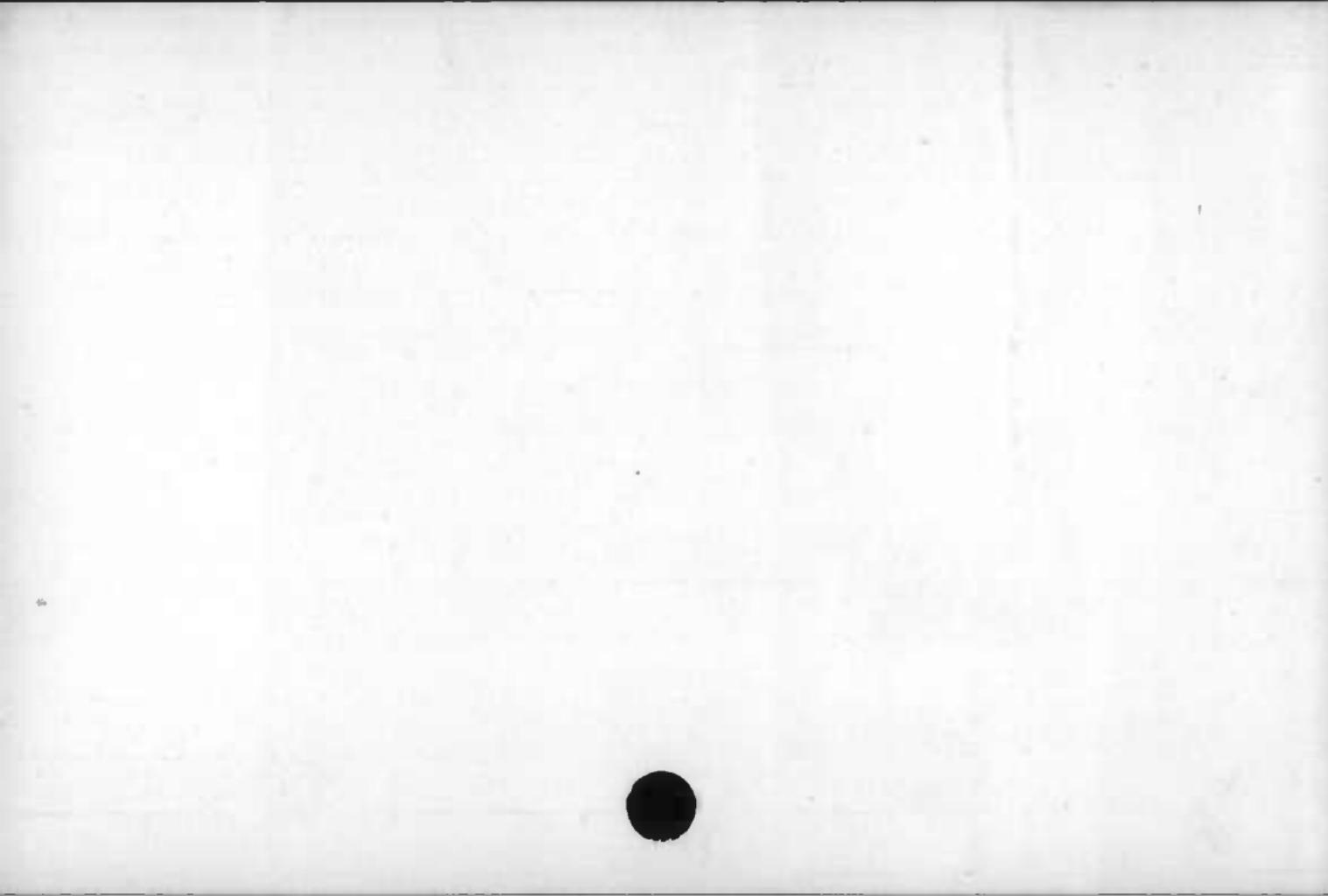
Signature of Physician

Address

W.W. Woodstrong
Greensboro, Md.



Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alonza Vane

Died at Town

Goldsboro Month

Date of death 1909 Day

Sex Male Color or Race

Occupation Laborer

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Eunhy Vane Father's Birthplace

Mother's Maiden Name Makilda Conley Mother's Birthplace

Name of person giving Information

CERTIFICATE OF DEATH

MARYLAND

Days

County

Caroline Years

Age 45 Months

Place

Bath-

Place

Caroline Co.

Where Reiding if not
at place of death

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

66

How long

16 yrs.

How long

36 days

Address

Salon

Address

Goldsboro

Address

Md

CAUSES OF DEATH

Primary

Immediate

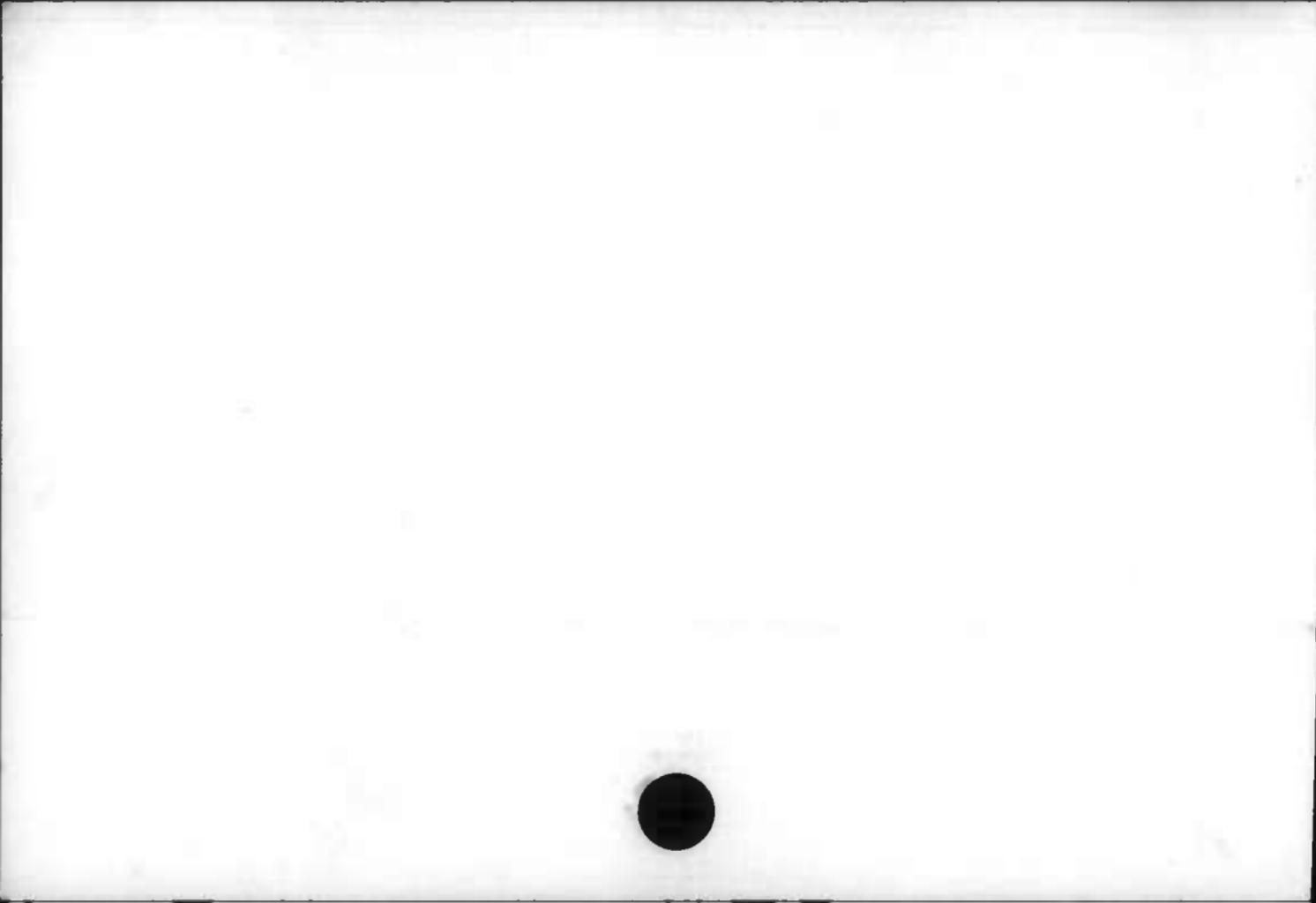
Are the name, age, sex, color, date
and place correctly given above?

J

Accident or Suicide

Signature of
Physician

Address



Name
in
Full

Adeline Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Near Hillsboro		County	MARYLAND	
Date of death	Month	Day	Year	Months	Days
1909	7	19	25	—	—
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single	Single		Name of Wife or Husband		
Father's Name	Frank Mathews		Father's Birthplace	Md	
Mother's Maiden Name	Mollie Williams		Mother's Birthplace	Md	
Name of person giving information	Frank Mathews		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Bright

119

How long



Six weeks

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

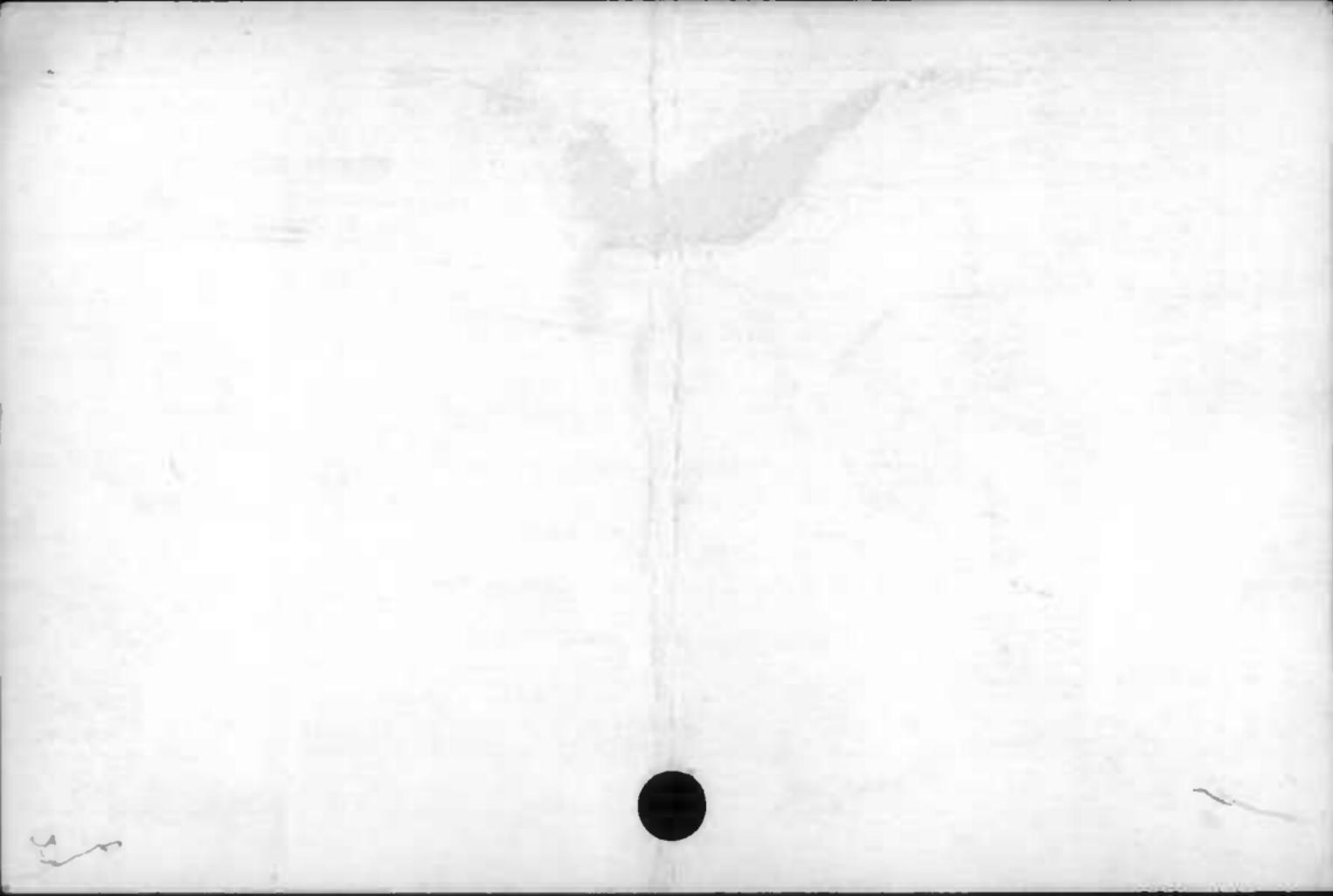
Signature of Physician

Address

Robley Hackett,
Sweet Anne
Md.

Accident or Suicide

No



Name
in
Full

Mrs Margaret O. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month July	Day 23	Years 70	Months 1	Days 18	
Sex	Female	Color or Race	White	Birth-place Md			
Occupation	Housewife			Where Residing if not at place of death Preston			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Levina P Williams Deceased				
Father's Name	Jas R. Nichols			Father's Birthplace	Nd		
Mother's Maiden Name	Nellie Wright			Mother's Birthplace	Unknown		
Name of person giving Information	Mrs Jas M. Whitley			How related to deceased	daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malignant Stricture Rectum

41

X

8 Mas

How long

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

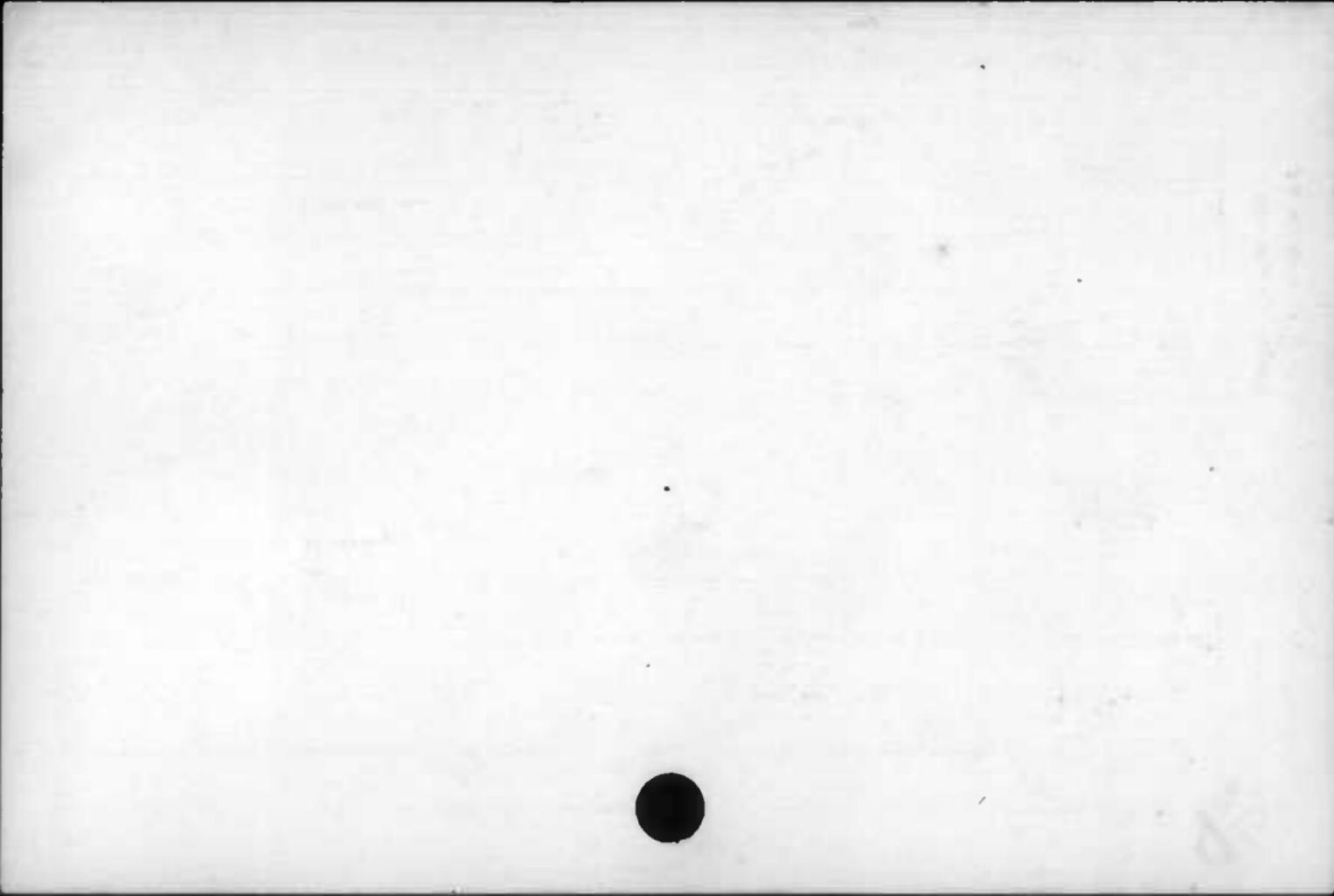
Address

Raymond Dowes

Preston



Accident or Suicide?



Name
in
Full

John J Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birthplace
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Zenia Wilson	
Father's Name	John Wilson		
Mother's Maiden Name	Gypsi Mathis		
Name of person giving Information	Zenia Wilson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Subbaculosis

27

How long

6 months

Immediate

Subbaculosis

How long

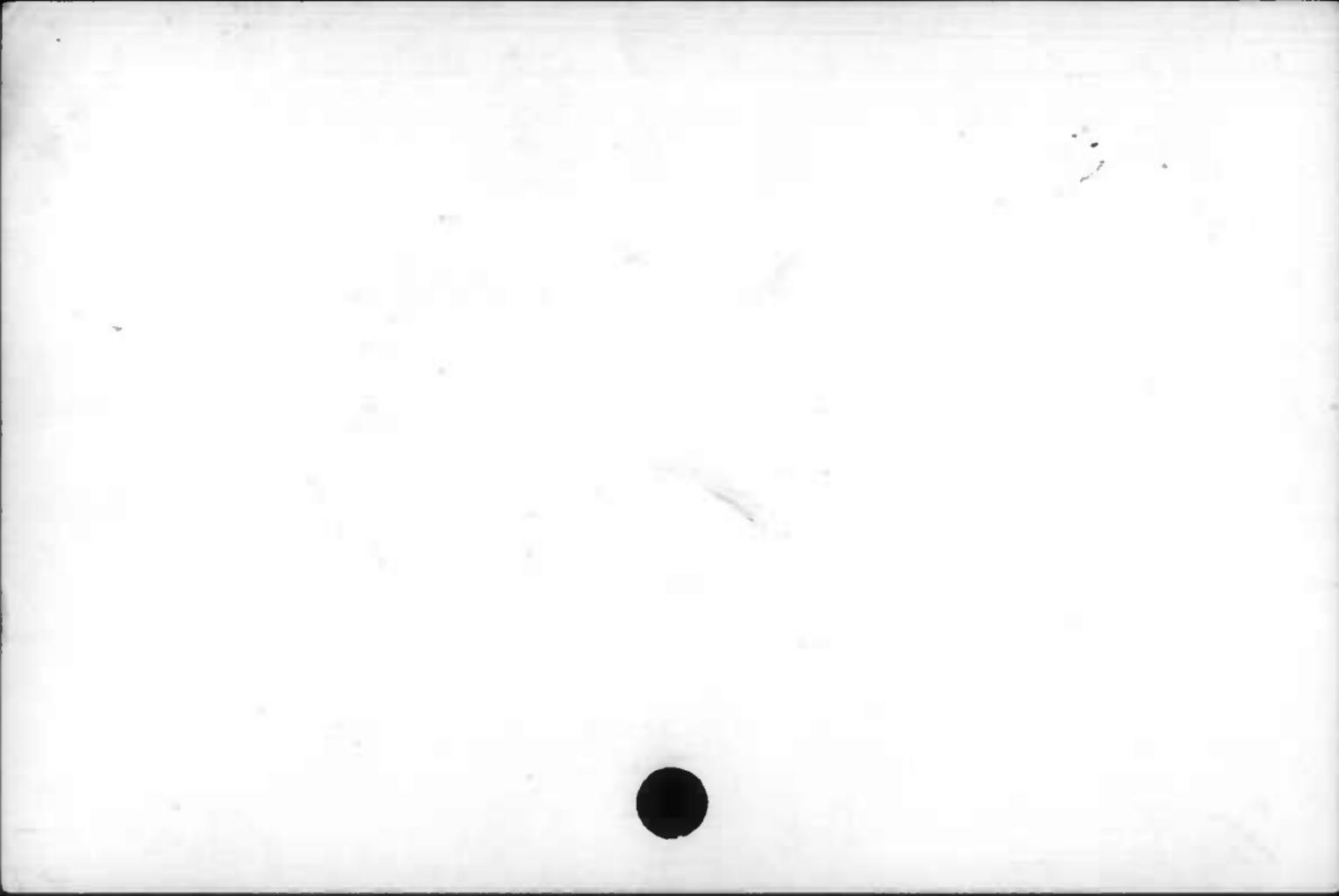
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

(Old) Fallsborouy,
Greensboro, Md.

Accident or Suicide



Name
in
Full

Not named Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1909	7	6	All time			
Sex	Color or Race	Birth-place				
Boy	colored	Denlori				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry Wilson					Father's Birthplace
Mother's Maiden Name	Ethel Taylor					Mother's Birthplace
Name of person giving Information	Lida Taylor					How related to deceased
Grandmother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

as above (7 months)

How long

8

X

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

E. W. Simmons.

Address

Denlori.

Accident or Suicide?

Ind.

18

